SICIANS should occupation is PHYSICIANS pe may certificate. that 80 back terms. plain instructions = DEATH ō CAUSE OF Important.

RECORD PERMANENT 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

If death occurred in a hospital or Institution. give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 2 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? monary Juberculosis OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Ilyunorma al Secondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE , 1915 ... (Address). OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State _____ vrs. _ mos Where was disease contracted. It not at place of death? ... Former or usual residence. DATE OF BURIAL 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Fianter, applies to each and every person, Irrespective of age. who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, many occupations a slngle word or term on the If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired (b) Cotton mill; (a) Salesman, Gayrs.) For persons As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehae-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanttion," "Maras-Bronehopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for For vio-



S. No. 1.

ø ż

PHYSICIANS should of OCCUPATION IS A PERMANENT RECORD stated EXACTEN properly classified. UNFADING INK-THIS IS AGE Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH

Filed DSC. 12 1915 Hm

21167 Ballinive .

STATE OF MARYLAND CERTIFICATE OF DEATH

DDRESS

Outily	(6)	Registration Dist.	No. 34
Village or City Arlungton	(No,	St.;Ward)	[It death occurred to a hospital or institution,
FULL NAME Cole	anov. &	AKey.	give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL F	ARTICULARS	MEDICAL CERTIFICATE OF D	DEATH /
1/ 0 7// wio	ele, leled, lete,		(Day (Year)
6 DATE OF BIRTH	3 ,1880	June 1914 to 80	10 A , 1915
7 AGE 33 - 6	(Day (Year) it LESS than 1 day,hrs.	end that death occurred on the date stated ab The CAUSE OF DEATH* was se follows:	ove, et 3.30 m,
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) Geograf nature of iodustry, business, or establishment in	ds. ORmin.?	Plaluutriges Ey Kousker	Vre mac / S de
which employed (or employer) BIRTHPLACE (State or country)		Contributory Secondary Contributory Secondary Couration 2	vis mos de
OF FATHER IN BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Alrich	(Signed) Howard of les Les 11th, 19th (Address) 6/ N (0	deaths from VIOLENT
13 BIRTHPLACE OF MOTHER (State or country)	Alar	*State the DISEASE CAUSING DEATH, OR, IN CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INC. OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. State	STITUTIONS, TRANSIENTS,
(lotormant) — Conflormant) — (Address) — Conflormant) — (Address) — Conflormant) — (Address) — Conflormant) — (Address) — (Add	e like	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL

f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who receive L'definite salary), may be entered as additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measics (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT PEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichae genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fraeture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ete., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

County Baltimore 21168	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 43.
Village or City Bardenville (No. Bell Pull NAME Mary B. a a	lexander [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
# COLOR OR RACE Single, Single Married, Wisowed, ORDIVORCED (Write the word) 6 DATE OF BIRTH Jan (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from Deces 12, 1915, to 4, 1915, that I last saw have alive on 2, 1915,
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. OR min.?	and that desth occurred on the date stated above, at 9.300 cm. The CAUSE OF DEATH* was as follows:
a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Balto Co MA	Contributory Secondary
10 NAME OF FATHER James M alexander 11 BIRTHPLACE OF FATHER (State or country) North Carolina (State or country) 12 MAIDEN NAME OF MOTHER Mary B, Thalheumer	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Games Malexander (Address) Bell airs Rd bardenville	or RECENT RESIDENTS) At place in the of death yrs ds. State yrs ds. Where was disease contracted, it not at place of death? Former or usual residence IP PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied DECIS: 1915 Mr. F. Clayton	Leorge Schilling + Sons 1126 & Mouning
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Balto he



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Thysician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



S. No. 1.

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RECORD	EXACTL
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	i.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH	Every item of information should be should state CAUSE OF DEATH in goccUPATION is very important.

Coun		OF DEATH	21169	(1)		STATE OF MAI CERTIFICATE O	
Villag	ge or City	Bay View Asylum	(No		OSPITAL.	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
		NAL AND STATIS				EDICAL CERTIFICATE O	F DEATH
3 SE		4 color or race Black	5 SINGLE, MARRIED, WIDOWED W OR DIVORCED (Write the word)	idowed	16 DATE OF DEA	TH December (Month)	er 23rd, 1915 (Day) (Year)
7 AG	CCUPATION) Trado, profes ficular kind of) General naful	50 yrssion, or i work	. mes, ds,	, 7 865. (Year) If LESS than 1 day, hrs. OR min.?	that i last saw	10 the 5, to Dec. halive onDec. occurred on the date sto DEATH * was as follow Jity Conlity office hunters	cember 23, 191 5, ated above, at5 10A
whi	siness, or esta ich empleyed (ATHPLACE (State or cour	or employer)			Contributor, Secondary	y Myo cardia	l hundfrereng.
PARENTS	10 NAME OF FATHER OF FATHER (State of 12 MAIDEN	Henry LACE HER Dr country) Virg:	All en		(Signed) Dec • 23r	DISEASE CAUSING DEATH, Or. (1) MEANS OF INJURY; and	in deaths from VIOLENT (2) whether ACCIDENTAL,
gergeneration	13 BIRTHP OF MOT (State	LACE THER OF COUNTRY) Virgi				SIDENCE (FOR HOSPITALS, IDENTS) In the	INSTITUTIONS, TRANSIENTS,
	(Informant)	S TRUE TO THE BES	ST OF MY KNOWL	EDGE	Former or	ncent St.	
15	(Address)	3 - m	isiam) (3	19 PLACE OF BU	Mound	DATE OF BURIAL 12/25, 1915

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.



E. WINITE HIT

4 CI CITI

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Pronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercuras "Puerperal septichaemia," State cause for which acid-probably



V. S. No. 1.

chin	WILLIAM CHREDOM		STATE OF MA	OF DEATH
Goun	nty PAL 10 SE	1013 11	Registration D	ist. No
Villag	ge or City(No.	udirsa	St.; Ward)	[If death occurs a hospital or instance its NAME is of street and nur
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
3 SE:	Calweld Calweld (Write the word)	(2) 16 DATE OF ((Month)	23, (Day)
6 DA		876 Dec.	Ce, 1915 , to A	tended deceased
7 AG	2 4 If LI 1 day,	ess than and that dea	ath occurred on the date s	tated above, at 2
X par (b bus	CCUPATION a) Trade, profession, or tricular kind of work b) General nature of industry islness, or establishment in hich employed (or employer)	Jadhe		4 yre mos.
9 BI	State or enuntry Casterra Share, Mile 10 NAME OF	Contribu Secondary	tory Case Co. (Buration)	on ferre
ENTS	11 BIRTHPLACE OF FATHER (State or country)	State	4 , 191.5 (Address) Munic the Dismase Causing Drath, or tate (1) Means of Injury; and tr Homicidal.	cipal Ils.
PARE	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF OR RECENT At place of death	FRESIOENCE (FOR HOSPITALS, RESIDENTS) In the transfer of the	
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (leformant)	Where wes diseased if not et place of Former or usuel residence.	death? unpn	lley.
15	(Address) 1ed 12 12 H, 1915 Mirian Ba	19 PLACE OF	BURIAL OR MEMOVAL	DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return mobile factory. 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weaknese," genital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronnephritis, ctc. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from ehild-"Heart failure," "Haemorrhage," "Inanition," "Marashead-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated or miscarriage as "Puenpenal septichaemia," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy," "Colimportant. wound of



PHYSICIANS RECORD RMANENT PE THI UNFADING WITH of information DEATH in pials 9 Every item CAUSE OF important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No [If death occurred in a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at, 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF (Signed) FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ... Where was disease contracted. 14THE ABOVE IS KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 29UNDER If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." For persons (4)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Afrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: 01



Villag	ge or City(No	
	FULL NAME Games	aul
	PERSONAL AND STATISTICAL PARTICU	LARS MEDICAL CERTIFIC
3 SE:	4 COLOR OR RACE 6 SINGLE, MARRIED, WIOOWEO OR OIVORCED (Write the word)	Single 16 DATE OF DEATH De
6 DA	TE OF BIRTH	Now. 2 Ce, 191.5; to
	(Month) (Day)	(Year) that I last saw h was alive on
7 AG	E H G Vrs	If LESS than and that death occurred on the of the control of the
(a	CCUPATION Trade, prefession, or Caud Man	(1) Philippis
) (b	General nature of lodustry liness, or establishment in	£ (1)
	RTHPLACE (State or country)	Contributory
	10 NAME OF Michael and	(Signed) 2. S. Coo
ENTS	11 BIRTHPLACE OF FATHER (State or country) Communication	State the DINKARE CAUSING DR CAUSES, state (1) MEANS OF INJUR
ac .	12 MAIDEN NAME COF MOTHER COLORES	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOS
PA	13 BIRTHPLACE	At misco
	OF MOTHER (State or country) Avunu	of deeth yrs. mes. 21 de.
14 TH	(State of country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLI (Informant)	Where was disease contracted.

1 PLACE OF DEATH

21172

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of stroot and number.]
MEDICAL CERTIFICATE OF	F DEATH
16 OATE OF OEATH Dec (Month)	27 ,1915- (Day) (Year)
17 I HEREBY CERTIFY, That I atte	ended deceased from
that I last saw h sim alive on Dec	2 8 , 1915
and that death occurred on the date sta The CAUSE OF DEATH * was as follow	
Philinis pe	elmanalis
(Ouration)	yra. moa, da
Contributory Secondary (Burstlen)	yrsde
(Signed) Q. S. Cooks Wee 2 9, 191. 5 (Address) Mune	what It. Arg
*State the DINKARE CAUSING DRATH, or, i CAUSES, state (1) MEANS OF INJURT; and (2 SUICIDAL OF HOMICIDAL.	in doubs from VIOLENT
18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At pieco in the of death	46 yrs
Former er usoel residence 2710 Ellier	CT SP.
19 PLACE OF BURIAL OR REMOVAL	12/30, 1015
B. L. Hoping &	ADDRESS Jungaolis

S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work, and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers "Foreman," "Manager," "Dealer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid pneumonia"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Mcasles (disease causing death), 29 ds.; Bromrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. SUICIDAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasunder the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning: cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee or miscarriage as "Puerperal septichaemia," "Coma," "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-State cause "Atrophy," (Recommendations for which wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is fermionently filed.

STATE OF MARYLAND LY PHYSICIANS Exact statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St: Ward) (No. a hespital or institution. give its NAME instead of street and number.] EXACTL RECORD properly classified MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS PERSONAL S SINGLE. 16 DATE OF GEATH 3 SEX 4 COLOR OR RACE stated MARRIED PERMANENT WIDOWED (Month) OR DIVORCED certificate. CERTIFY. That I attended deceased from 90 6 DATE OF BIRTH should (Year) eq (Month) (Day If LESS than date stated above, at 5.10 m. Of 7 AGE AGE si 1 day, hrs. back mia. ? THIS terms, so that 20 OCCUPATION
(a) Trade, profession, or peliddus particular kind of work. INK instructions (b) General nature of industry basiness, er establishment in UNFADING which employed (or employer carefully Contributory 9 BIRTHPLACE See in (State or country) 10 NAME OF pe WITH FATHER (Signed) = pino ATH important ENTS (Address) 11 BIRTHPLACE *State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, OF FATHER PLAINLY, (State or country) 69 L SUICIDAL OF HOMICIDAL. 12 MAIOEN NAME EO œ 6. 4 OF MOTHER of informatic 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very BIRTHPLACE In the should state CAUS OF MOTHER (State or country) State, _____yrs. _____do. ____do. of death yro. Where was disease contracted. 14 THE ABOVE KNOWLEDGE If not at place of death? Former or (Infermant) eseal residence DATE OF BURIAL OR REMOVAL (Address' 15 m Z

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulor given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of lapse," "Coma," "Convulsions," "De genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound cause. Always qualify all diseases resulting from childor miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-"Atrophy," "Col-"Exhaustion," ACCIDENTAL,



Co	Balto.	STATE OF MARYLAND CERTIFICATE OF DEATH
	WIII Y	Registration Dist, No. 30
Vil	iage or City alousville (No	St.; Ward) [It death occurred is a hospital or institution, give its NAME lostead
	FULL NAME WIND Dake	ot street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH COLOR OR RACE Saingle, Married, Widowed, Widowed, Write the word) ATE OF BIRTH CEL 3.04	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
TAI	GE (Month) (Day (Year) If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 7.30 Cm The CAUSE OF DEATH* was as follows:
(b) bus whi) Trade, profession, or Wholesale rticular kind of work) General nature of lodostry, siness, or establishment in ich amployed (or amployer) IRTHPLACE (State or country)	Contributory Vahulon Heart Alisan Secondary
ARENTS	10 NAME OF FATHER CLUST Bakes 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) JOS US (Signe
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOAPITALA, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA) At place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
	(loformant) . Sales	If not at place of death?————————————————————————————————————
15	(Address) Eatonsvell Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKED ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 - 1916 BUREAU, V.S.

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	1	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PH. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st OCCUPATION is very important. See instructions on back of certificate.
10	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	근때
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. T.		-Every item of Information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.
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V. S. No. 1.		ż

	PLACE OF DEATH 21175 The state of DEATH 21175 Bay View Asylum. (No. CITY HOSe or City No. CITY HOSe or Ci	a nespual or institution give its RAME instea
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ma 6 DA	WIDOWED	Dec.ember 7th , 191 (Month) (Day) (Year
7 AG	1 day, hrs. OR min.? CCUPATION 1) Trade, prefession, er ricular kind of werk 1) General nature of industry siness, or establishment in ich empleyed (er empleyer) RTHPLACE (State or country) North Carolina 10 NAME OF FATHER	November 29 this 5, to December 7th, 1915 that I last saw him alive december 7th 1915 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Suphilitie and this circular circular contributory Myo carbial inclusions: (Burallon) The most contributory Myo carbial inclusions in the circular contributory Myo carbial inclusions in the c
PARENTS	John Bass 11 BIRTHPLACE OF FATHER (State or country) North Carolina 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or country) North Carolina HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (tufermant)	Dec. 7th, 191. 5 (Address) TV HORDITAL "State the DISPASE CAUSING DRATH, or, in deaths from Violente Causins, state (1) Means of Injurt; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the effective mee. 8. de. Slate, yrs. moe. Whora was disease contracted, if not at place of death? Former or
15	(Address) 10 12/8, 191 5 Mersam Baer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL 12/9, 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) ('roccry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part business or industry, and therefore an additional line write Nonc. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pncumonia"); Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia, Cerebrospinal

> cough; Chronic valvular heart disease; Chronic interstitial surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., scpsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercurwound of

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



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1 PLACE OF DEATH

STATE OF N	MARY	YLA	ND
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Registration Dist. No. Grove State of of tal

1	lord	give its NAME of street and i	
MEDICAL CERTIFICATE OF DEATH			
	16 DATE OF DEATH Ocember (Month)	(Day)	1915 (Year)
=	17 I HEREBY CERTIFY, That I attend	14	
2	that I last saw here alive on Dec		1915 10Pm
-	The CAUSE OF DEATH * was as follows:		
	Denilo Demen		
	Contributory Metral Rogus	yrs mos	
	(Signed) Percy Wa	de	
-	State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL.	deaths from V	OLENT OENTAL,
	OR RECENT RESIDENCE (FOR HOSPITALS, INSTORMED OR RECENT RESIDENTS) At place of death yrs. mos. ds. State Whare was disease contracted,	7yrs. m	os de

19 PLACE OF BURIAL OR REMOVAL

usuat residenca

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

If LESS tha OR min. ?



[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servont, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) (crossry: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collan engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Locomotive various pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return If retired from engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," nequalified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telenus) may be stated under the head of "Contributory." (Recommendations head-hamicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent neaths "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Ura-mia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICINAL, or HOMICINAL, or as probably such, if impossible state means or injury and qualify as accidental, etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marssgenital," "Senile," etc.), chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart discose; Chronic interstitial ges, peritonaeum, etc., Corcinomo, Sarcoma, etc., of "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercur-"Puenpenal septicharmia," "Dropsy," "Exhaustion," Never report mere



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SUNGER 3 SEX 4 COLOR OR RACE MARRIED, (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day,hrs. The CAUSE OF DEATH * was as follows: OR mlo. ? COCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which omployed (or employer) Contributory ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or ysual residence BURIAL REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease catching affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . zer" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing douth), 00 (name origin; "Can-State cause for For VIO-



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Fied		PERSONAL AND STATISTICAL PARTIC	JLARS "	MEDICAL CERTIFICATE	OF DEATH
nould be stated E be properly class certificate.	3 SE:	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word) TE OF BIRTH 1000	1842 Dec	OF DEATH (Month) I HEREBY CERTIFY, That I at 26 ,1915, to DC ast saw here alive on DC	30 (Day) , 191 (Year) ttended deceased from
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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state oecupation at beginning of illness. employed, as At school or At home. Care should be taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon write None. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," ctc., of the second statement. mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, The material worked on may form part If the occupation has been changed Never return "Laborer," Locomolive engineer, If retired from without more (b) Auto-

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surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uraemia," "Weakness," rent) affection need not be stated unless important. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenperal septichuemia," ete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephralis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles: Whooping on Nomenelature of the American Medical Association.) Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere



	PLACE OF DEATH 21179	STATE OF MARYLAND
	County Balter Rosylyn	CERTIFICATE OF DEATH
		A Registered No. 3
	Village or City Handaletonnino	herty Road St; Ward) [If death occurred in a hospital or Institution.
		a nospital of institution, give its NAME instead
	² FULL NAME James	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Lincols	18 DATE OF DEATH Dember 14. 1915
	Jemele Mite Widows, Lingle Widows, ORDIVORCEO (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Not Olnown	
	(Month) (Day) (Year) AGE If LESS than	that I last saw her alive on Decambe 9,1915
	1 day,hrs.	and that death occurred on the date stated above, atm,
	yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:
	8 OCCUPATION 2. (a) Trade, profession, or	Ω
1	particular kind of work. (b) General nature of industry,	patoular Disease of Heart
*	business, or establishment in	(Olitice) (Duration) / yrs 2 mos ds.
	which employed (or employer)	Contributory Deute Articula
	(State or country) Ballo 60	(Secondary) (Duration) 2 ys 6 mos ds.
	1D NAME OF Charle W Belleson	(Signed) Signed theley M.D.
	V 11 - 17 - 17 - 17 - 17 - 17 - 17 - 17	
	of FATHER (State or country) Ballo 60	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
	& 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
	of MOTHER Harrell Fryfryla	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Ballo	At place in the of death yrs mos ds. State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Intermant) No H. J. Wallers	Former or
	Midroco Roslyn Ballo lo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	16 (AUURSS)	But Olive ben feel 1915
	Filed 1 1/2 15, 1915 1 to the slee	20 UN OERTAKER ADDRESS
3	REGISTRAR	I'm loool sor E Worth am
	If more blanks are needed, address State Registrar, 6 I	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseAsE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Aucer" is less definite; avoid use of "Tumor" for mailg-Bronchopneumonia (secondary), 10 ds. Never report ample: Mocelee (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of __ (name origin; "Can-Examples:



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[Approved by U. S. Census and American Public Health Association.]

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genital," eough; Chronic valvular heort disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of... Struck by railway troin-accident; Revolver surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; Example: Measles (disease causing death), 29 ds.; Bronor miscarriage The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercuras "PUERPEHAL septichaemia," State cause for which wound



PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in EXACTLY. Exact a hespital or institution. give its NAME Instead of street and number. RECORD classified. MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH stated MARRIED. PERMANENT WIDOWED OR DIVORCED (Month) perly certificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH SPO should 29 9,0 (Month) 430 10 7 AGE if LESS than may GE mie. ? S 0 H D that 20 OCCUPATION Hou supplied (a) Trade, prefession, or 8110 INX particular kind of work 20 14/1 terms. instructi business, or establishment in (Buralion) UNFADING carefully which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary See in 10 NAME OF Ď 5 (Signad) WITH DINO HL rtant 30.181.5 U 11 BIRTHPLACE Z OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in Jeaths from VIOLENT E A CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, mpo [c] 0 SUICIDAL OF HOMICIDAL. PLAINL 12 MAIDEN NAME 00 0 žu. Ad of informati LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Very OR RECENT RESIDENTS 13 BIRTHPLACE In the Al place OF MOTHER (State or country) WRITE State,yrs. should state CAI Where was discass contracted, 14 THE ABOVE IS If not at place of death? Farmar or uanai zunidenen REMOVAL 15 00 800 Z If more blanks are needed, addless State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

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[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Waraemus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull state MIANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound The contributory (secondary or intercur-Never report mere



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

	Village or City Lausdavil (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS 3 SEX'	MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Jec 21, 1910, to Jec 21, 1910, that I last saw have alive on Jec 2 & Jec 2, 1910, and that death occurred on the date stated above, at 3 a.m. The CAUSE OF DEATH * was as follows:
(b) General nature of Industry husiness, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At piece in the	
	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	af desth yre. mes. de. State, yrs. mes. ds. Where was disease coetracted, if not at place of death? Fermer or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS 31 09 Trest-care 16 W Sarratora St. Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook Housemoid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None

Statement of Canse of Death—Name, first, the DISEASE CAUSING PRATTY (the primary affection with respect to time and causation), Using always the same accepted term for the (ame disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic ceretrospinal maninguis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "H morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, appd consequences (c. g., sepsis, telunus) may be stated ander the head of "Contributory." (Recommendations In statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 21183 County Back	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Paswell (No. (No.	St.; Ward) St.; Ward) [If death occurred in a hospital or lostitution give its NAME lostead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OROIVORCEO (Write the word)	16 DATE OF DEATH Scended 17, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Hebrusy 500 189	, 191, to, 191,
7 AGE (Month) (Day) (Year 7 AGE 11 LESS fl 1 day,	and that death occurred on the date stated above, atm,
COCCUPATION (a) Frade, profession, or Particular kind of work (b) General nature of Industry, business, or esfablishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Batto Country 10 NAME OF FATHER FRANK, Bound	(Signed) A Marie (Address) (Address) (Address)
Z OF FATHER Harfard Country Z OF FATHER 2 OF MOTHER OF MOTHER 11 BIRTHPLACE OF FATHER OF MOTHER Taglor	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ballo Country	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos ds. Stafe yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Frank Bornick	Where was disease contracted, If not at place of death? Former or usual residence
Filed dre's 1915 Justinis Mil	19 PLACE OF BURIAL OR REMOVAL At Stevens Acc 18 7, 191 5 20 UNDERTAKER Harry Allodery 13 25 Unison St
	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication, as Day Laborer, Farm laborer, Laborer—Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medicai Association.) sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measies (disease causing death), 29 de.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measics; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails Always qualify all diseases resulting from (name origin; "Can-State cause for Never report Examples:



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RECORD

CERTIFICATE OF DEATH Registration Dist, No SICIANS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE if LESS fhan and that death occurred on the date stated above, at cia f dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? properi 8 OCCUPATION (a) Trada, profession, or particular kind of work supplied. pe (b) General nature of industry. business, or establishment in may (Duration) which employed (or amployer) ... 9 BIRTHPLACE (State or country) Contributory Ca Secondary (Duration) 10 NAME OF FATHER o 11 BIRTHPLACE 191 5 ... (Address) ARENT term OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country EATH of death yrs. mos. __ ds. State yrs. Where was diseasa contracted. If not at place of death? 90 0 Former or Item Every Item CAUSE OF Important. usua! rasidenca (Address) 15 REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND

If death occurred in

1915

a hospital or institution, give its NAME Instead of street and number.]

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-thus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Sendle," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

County Baltimore Village or City Bultimore (No. Fernfull) 2 FULL NAME Mary Rob	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35 Grant Oak Grant Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuele Rule 5 SINGLE, MARRIED, Married WIDOWED Distorted OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 J HEREBY CERTIFY, That I attended deceased from
Dan of know 1847	C. M. J. L. 191 , to 30 , 191 ,
(Month) (Day) (Year)	that I last saw he allve on le 2, 191,
7 AGE If LESS than	and that death occurred on the date stated above, at 6, m.
68 yrs mes ds OR min.?	The CAUSE OF DEATH * was as follows:
9 OCCUPATION (a) Trade, profession, or particular kind of work	Jalisa Anagraz
(h) General nature of industry business, or establishment in which emplayed (or employer)	(Buration) pre. 3 mos. ds.
9 BIRTHPLACE (State or country) Huntingdon Promise of Lucke Cause	Contributory Secondary (Buretten) yra mea de
10 NAME OF FATHER Robb	(signed) sheete D'Amayou, M. C.
11 BIRTHPLACE OF FATHER (State or country) Huntingdom, Canada 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DRATH, or, in doaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Scotland	OR RECENT RESIDENTS) All place in the effect was disease contracted, Where we disease contracted,
(Informant) Le au L. Bothan	If not at place oi death? Former or usual residence
(Address) normingsede Spire	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FREE DIE-3/ 1915 ms -G. Qui	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Roquesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver wound The contributory (secondary or intercur-Never report mere "Atrophy," acid-probably "Exhaustion," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N S	PLACE OF DEATH 21186	STATE OF MARYLAND
de /	County DALKS TUBERCUL	OSIS HOSP. CERTIFICATE OF DEATH
S S		Registration Dist. No.
Exact:	VIIIage or City (No. (No.) 2 FULL NAME Brice Br	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of straet and number.]
EXAC sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	male Duck, Single, MARRIED, MARRIED, WINDOWS OF STORY	16 DATE OF DEATH LL. 29, 195
ould be stored by certificate	6 DATE OF BIRTH	t HEREBY CERTIFY, That I attended deceased from LUC 1st, 1915, to LUC 25, 1915,
ay be	(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h malive on less 1915, and that death occurred on the date stated above, at 3 7 m.
AGE it ma back	6 8 yrs. mes. ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
so that	particular kind of work Level Labore.	die to the termonling
rms, ructi	(b) General nature of Industry business, or establishment in which employed (or employer)	(Ourstian) yrs. / mos. ds.
ain te e inst	9 BIRTHPLACE (State or country) While Law '	Secondary Secondary
be of n pt	10 NAME OF FATHER WALLENS	(Signed) & A CVV (Signed) , M. a.
on should	U BIRTHPLACE OF FATHER (State or country)	State (the District Causing Death, or, on deaths from Violent Causins, state (1) Trans of Injury; and (2) whether Accidental,
20.	of MOTHER UNION CONS.	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
I very	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of deathyrsmes. \(\frac{7}{2} \text{de}, \) Stanton \(\frac{7}{2} \text{yre}, \) mosde,
of L	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
star	(Informant)	usual residence / O.S. Currey Carrel Place 19 PLACE OF BURIAL/OR REMOVAL DATE OF BURIAL
Every its should s OCCUP	(Address)	mx auburn 12/1 1016
. B.	Filed / 2/30 , 191 5 MINIAM SALY	Heo. H. Hookey 6098 Para
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitiati ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... mus," "Old Age," "Shoek," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conlapse," "Convulsions," "Debility") state Means of injury and qualify as accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasunder the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic lacid-probably Struck by railway train-accident; Revolver wound of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion," "Atrophy,"



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Baltimore Registration Dist. No. Village or City Mt Stope Retreat (No. Met Hope Hed-[If death occurred in St .: Ward) a hospifal or institution. give its NAME instead FULL NAME Rev. Peter A Brady of sfreef and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH / CE 4 COLOR OR RACE WIDOWED: (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 1892 10 10 DEC 3100 (Day (Year) TAGE and that death occurred on the date stated above, at 2.30 4 m If LESS than 1 day hrs. abl Neplevilis 4 Valerel as BOCCUPATION (a) Trade, profession, or Keligions particular kind of work (Michal) (b) General nature of industry, business, or establishment in Church & Farish Work. yrs O mos O ds. which employed (or employer) Contributory (14-RTHPLACE (State or country) Flaud. (Doration) 23 yrs. 6 mos 10 NAME OF FATHER rud PARENTS 11 BIRTHPLACE OF FATHER (State or country) Ilaud *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death 23 yrs. o mos. State 23 yrs. o mos. usual residence New Baltimon 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Connatural heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Branchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



N.B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION s very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

Village or City dellersware (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH Change (Month) S BINGLE, MARRIED, Widowses Wich the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Month) (Month) (Day (Year)
TAGE Class If LESS than 1 day,hrs.	and that desth occurred on the date stated above, at 2366 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs/8 mos. ds.
9 BIRTHPLACE (State or country) For the arolina 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) A Carolina 2 Majden NAME	Contributory Secondary (Duration) yrs mos ds. (Signed) 7 (Address)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence
(Address) Isisterstown Mill 15 Filed Dn / 2 \$4, 191.5 The Stack Registran If more blanks are pecded, address State Registers	19 PLACE OF BURIAL OR REMOVAL Brownships Va. Dr. 26 , 1915. 20 UNDERTAKER Company And Rejusting V. S. No. 1. 19 PLACE OF BURIAL Date of Burial Address Ristors town.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But ln many who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonla," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic affection need not be stated unless important. Exoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabby LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 - 1916 BUREAU, V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred lo St.:....Ward) a hospital or jostitution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) Single (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than 1 day.....hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE . 191 6 (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, by deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country State Where was disease contracted. It not at place of death? usuai residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Househeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," engineer, (7)

Statement of cause of death—Name, first, the nisease causino neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronie sepsis, tetanus) may be stated under the head of valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing (Recommendations on statement of death), 29 State cause for "Exhaustion, For vio-



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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question the second statement. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia, cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," Example: Measles (discase causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere "Anaemia" symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important, nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which "Atrophy," "Col-"Exhaustion," ("Con-



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Cou	PLACE OF DEATH Bultimen 21191	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Viii	age or City Mt Hope (No. 111)	Hore Rebreat St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Maryarel Aro	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ewale (17 Tile Single, Marked)	16 DATE OF DEATH AS (Month) (Day (Year)
	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h alive on 1915
TAG	1 day. hrs.	and that death occurred on the date stated above, at 1.30 H m, The GAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION Trade, profession, or Hozeae Work General nature of industry, ness, or establishment in	Maria Chronee (buration) // yrs mos ds
whic	RTHPLACE (State or country) Mary Curl	Contributory & Status Epelepties. Secondary (Duration) 978 mos 08. (Duration) 978 mos 3.
	10 NAME OF John J. Jackens	(Signed) trank / Flancing, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIPAL.
PAR	12 MAIDEN NAME OF MOTHER Mary & Redgenay	
	13 BIRTHPLACE OF MOTHER (State or country) // Cd	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 T	Informant) Record of the Best of My Knowledge	Where was disease contracted, asking for L.C. If not at place of death? Former or usual residence (customagion L.C.
	(Address) 111 + 1+72e Re must	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	Ad Del J. 1915 - Mm. J. Queen REGISTRAR	Washington & Dec 6, 1915 20 UNDERTAKER Sewart Mowen Co 108 W Months.
	If more blanks are needed, address State Regis	trar, U.E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the oeeupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Pianier, who have no oecupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie scrviee for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same aecepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shoek," "Uraemia," "Weakness," ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. State eause for Never report For VIO-



	RECORD	PHYSICIANS Should
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

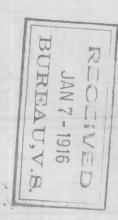
Co	PLACE OF DEATH 21192 W	STATE OF MARYLAND CERTIFICATE OF DEATH
31		Registration Dist. No.
Vill	lage or City Highlandtonn (No. 68.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male White (Write the word)	16 DATE OF DEATH December 29, 1912 (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
	(Month) (Day (Year)	that I last saw halive on, 191
7 A		and that death occurred on the date stated above, at 5 Q. n
	50 yrs 6 nos 5 ds 0R min.?	The CAUSE OF DEATH* was as follows:
) pa (b) bus	Trade, profession, or ricular kind of work	(auces of) Comacle,
whi	ch employed (or employer)	(Duration) yrs. mos. d
	(State or country) Baltimour	Secondary (Buration) yrs. / mos. d
10 NAME OF Selling Brusht.		(Stened) L.E. The Caucillay
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Dispase Causing Deuty on in deaths of
PARE	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accides TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Mukeum	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death
	(Interment) Certain Broughton	Where was disease contracted, If not at place of death? Former or usual residence.
-	(Address) 2027 6. Chase 81	19 PLACE OF BURIAL OR MEMOVAL DATE OF BURIAL
15 Fil	ed CC 30, 181 LE THE REGISTERS	Dalling Venetary Blad 31, 191.5 139 UNDERTAKER ADDRESS ADDRESS AND NOTE OF THE PROPERTY OF
	If more blanks are needed, address State Resis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

ounty Baltinare, Ind. Village or City St. Agnes (No. Hosp 2FULL NAME Charles Brown	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Acolor or race Single, Married, Widowed, Dr. Dr. Widowed, Dr. Dr. Widowed, Wife the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(18, 1913 -	that I last saw h.1 m alive on Decl. 1912
(Month) (Day / (Xear)	and that death occurred on the date stated above, at \$ 12m.
t day,hrs.	The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work	Dougrene of Sowel with obstruction
(b) General nature of Industry, business, or establishment in	(Ouration) yrs mos / ds.
which employed (or employer) BIRTHPLACE (State or country) Md.	Contributory Intussusception ileocascal Secondary
10 NAME OF Chas. Grown	(Signed) Edusin & Bartlett, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH OF IN deaths from VIOLENT
of MOTHER agence murphy	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mol.	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) Mr. Chas (Grown)	Former or usual residence. 1/8 Stucker St.
(Address) 118 S. Stricker S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Lee 22 1915 Morety G. Ostendal	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Register	rar, 6 E. Franklin St., Balton, Regnesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

· Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schiichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," death), 29 ds.; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUEFAU.

/	County Balto 21194 Village or City (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occorred in a hespital er institution, give its NAME instead of street and number.]
	PERSONAL NO STATISTICAL PARTICULARS 3 SEX MULL BLANCE SUPPLIES (Month) (Day) (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.? 8 OCCUPATION (a) Irade, profession fracture parlicular kind of well (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MATHER (State or country) 12 MAIDEN NAM OF NOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from Aught 15 (1915). (1915) te Aught 15 (1915). that I last saw have alive on Aught 1915. and that death occurred on the date stated above, at 7.30 Am. The CAUGE OF DEATH : was a poliows: (Oursilon) 3 yrs. mos. ds. (Signed) (Oursilon) 3 yrs. mos. ds. (Signed) E S. COOR (Oursilon) yrs. mos. ds. (Signed) E S. COOR (Oursilon) yrs. mos. ds. (Signed) E S. COOR (Oursilon) yrs. mos. ds. (Signed) The DISEASE CAUSINO DEATH, or, in pleaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. (Signed) I S. (Address) Municipal St. Institutions, Transients, or Recent Residence (For Hospitals, Institutions, Transients, or Recent Residence) (Signed) Yrs. mos. ds. Sieta, Y.D. yrs. mos. ds. Where we disease contracted, Not Known If sold to place of death? Fermer or usual residence 19 PLACE OF BURIAL OR REMOVAL DATS OF BURIAL (All All All All All All REMOVAL DATS OF BURIAL (All All All All All All All All All All
	Filed 191 PEGISTRAR If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, urrespective of age ness of various pursuits can be known. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (rocery; (a) Foreman, is provided for the latter statement; it should be used write Nonc. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. is very important, so that the relative healthful-Compositor, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Architect, Never return Locomolive engineer, If retired from The question "Laborer," (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. Examples: time and causation), Lobar pneumonia, Typhoid fever Statement of Cause of Death-Name, first, the DISEASE (never report "Typhoid pneumonia") Bronchopneumonia ("Pneumonia, using always the same accepted Cerebrospinal

> ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated Struck by railway trainon Nomenclature of the American Medical Association.) to determine definitely. or miscarriage Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL seplichaemia," Examples: Accidental drowning; -accident; Revolver State cause for which Never report mere wound Whooping 0

the certificate is pernumently filed. tions answered in If this certificate is looked over thoroughly and all quesdetail, it will prevent further correspond-is essential and must be obtained before



WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.

V. S. No. 1.

N. B.

County Pulls 21195	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
VIIIage or Citallo, Highlandio	St.; Ward) [It deeth occurred in a hospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. Black Street, married on the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191 _b , to, 191,
(Month) (Day (Year)	that I last saw halive on
7 AGE It LESS tha	and that death occurred on the date stated above, at
5 4 yrs mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	- Heled factor supermaners
(e) Trede, protession, or particular kind of work	Jugar raway
(b) General nature of industry, business, or establishment in which amplayed (or amplayed)	(Duration) yrs mos ds.
minen employed (el employer)	Contributor
State or country) Howard Co Md.	Secondary
10 NAME OF FATHER MUTUOM	(Signed) Tras Pull Corocco, M. D.
The state of the s	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENE
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS; OR RECENT RESIDENTS) At place In the ot death yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) & Carles Johnson	Former or
(Address) Emtlerens Xeights M	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed BEV. 4, 1915 Jun 4 Ruhl	PONDERTAKER ADDRESS
REGISTRAR	Wellendon Ilmin

If more hlanks are needed, address State Registrar, o E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. Never return "Laborer," additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single-word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home; who are engaged in the Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, péritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always quality all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomcnclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 as. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of



V	lliage or City	Hame B	enjiman I	T. Burgess Ward [It death occur a hospital or Instigute its NAME in of street and oumt	
PERSONAL AND STATISTICAL PARTICULARS			CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	x uale	4 COLOR OR RACE	S SINGLE, MARRIED SEASON WIDOWE SO OR DIVORCED (Write the word)	18 DATE OF STATH (Month) (Day) (Yea 17. HEREBY CERTIFY, That attended deceased	
6 D	ATE OF BIRTH	near (Month)	, 1.0.00	that I last saw her allve on Dog 13 191	
7 AG	9000000000	81 yrs. 8	mos. 15 ds. OR min. ?	and that death occurred on the date stated above, at 2 a	
par (b)	(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)		reper	Describe (\$53e'(Duration) - yrs - mos 14	
Whic	th employed (or en			Contributory	
which shall	th employed (or an employed the state or country 10 NAME OF FATHER	N. Jo. B	City		
which shall	h employed (or er RTHPLACE Ate or country	N. W. B.	City england ryland	Contributory (Secondary) Calculated (Duration) Syrs. mos. (Signed) 915 (Address) 7 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
PARENTS (St.	th employed (or energy ate or country 10 NAME OF FATHER 11 BIRTHPLA OF FATHI (State or co	N. W. B. CE ER PLEASE CE ER	Juich	Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory Contributory	
PARENTS SISION PARENTS	th employed (or entity that the country of the coun	N. W. B. CE ER PLEASE CE ER	City engless ryland lunch rof My KNOWLEDGE Burgese	Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) Contributory Contributory	



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPEEAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary); 10 ds. Never report ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples: For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:Ward) a hespital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. MARRIEO, WIDOWEO OR DIVORCEO (Write the word) (Month) (Day) HEREBY CERTIFY, That I attended deceased from (Day) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * WAS AS follows: OR min. ? 8 OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry business, er establishment in (Burailea) which employed (or employer Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL AR 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the (State or country) Stata,yrs.mee. .. Where was disease contrasted, if not at place of dasth?.. Former or uoual rasidenca OF BURIAL OR REMOVAL

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(Year)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write Nonc. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Forcman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line yrs.). For persons who have no occupation whatever, -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

ges, periionaeum, etc., Carcinoma, Sarcoma, etc., of..... and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maramus," "Old Age," "Shock," "Uraemia," "Weakness," Example: Measles (discase causing death), 29 ds.; Bronnephritis, etc. cough; Chronic "Tumor" for malignant neoplasms); Measles: Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For Violent Deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercurvalvular heart disease; Chronic interstitial "Debility" Never report mere ("Con-



MARGIN RESERVED FOR BINDING

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		Y.	xact	
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	IT RE	ed E	lassi	
}	ANEN	stat	rly c	ite.
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Village or City Letter Serling Phone 21198 Village or City Letter Serling Phone 2 FULL NAME Caregins to	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death eccurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED	16 DATE OF DEATH See 2, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 1869 (Wonth) (Day)	17 I HEREBY CERTIFY, That I attended deceased from 191 T, to SC 2 , 191 5, that I last saw h Malive on Mee 20 , 191 5,
7 AGE	and that death occurred on the date stated above, at
COCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Leveral Pacesia (Buration) 5 yre. mos. ds.
9 BIRTHPLACE (State or country) Mary Loud	Contributory Secondary Recondary Recondary Recondary Recondary Recondary Recondary Recondary Recondary Recondary
10 NAME OF Seal Marfass	(Signed) (Signed), M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Quality	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Sermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. Slats, yre. mos. ds. Where was disease contracted,
(Informant) Cureuse & Burney	former or usual residence Balto, Ma
15 Filed Dec 21, 1915 - Marshall B Wish	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons precise specification as Day labarer, Farm labarer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, As examples: (a) Spinner, (b) Cotlan Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Browthopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisaned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by roilway train-accident; Revolver waund at to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal peritanitis," etc. State cause for which birth or misearriage as "Puerperal septichacmia," etc., when a definite disease can be ascertained as the cause. genital," "Anaemia" (merely symptomatic), "Atrophy," hupse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Brownephrilis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whaoping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," Never report mere acid—probably "Exhaustion," unportant. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916 BUREAU, V.S.

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PERMANENT UNFADING INK-THIS IS carefully supplied. WRITE PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND

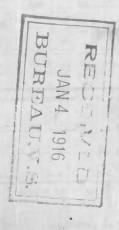
Co	unty Baltimore, md.	CERTIFICATE OF DEATH
		Registration Dist. No. 472
Vill	lage or City St. agres (No. Here	fital St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
	FULL NAME mrs. Thee	Butler of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Lemale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
8 D	ATE OF BIRTH	by - 10 Cic
	(Monda) (Day (Year)	that I last saw h & alive on I scande 18 1915
7 A	(
^`	1 dayhrs.	and that death occurred on the date stated above, at 1010 Am.
	4 3 yrs. 7 mos 26 ds. OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	acute Telephon of Heart.
	Trade, profession, or	Fragelle Curles Gulden?
	General nature of industry,	
bus	iness, or establishmant in	(Ouration) Yrsmosds
	ch employed (or employer)	(000
9 B1	RTHPLACE (State or country) Ireland	Secondary Country (Ouration) yrs mos ds.
	10 NAME OF FATHER Thas. I aley	(Signed) Weeter Ch. Ordendorf, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Dec 18 , 1915 (Address) Stalyus Hospital
ARE	(State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER () Stelly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disaase contracted,
	h. al h.	If not at place of death?
	(Informant) Miles	Former or usual residence 898 M. Galto St.
	(Address) 898 91. Balla S	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		new Quibedree and atte 21, 1915
Fil	1915 Uneter a. Oshulud	20 UNDERTAKER ADDRESS
	REGISTRAR	Of C. Denning. 55. Pomelton S
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, cte. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the misease Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacete., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection necd not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes (disease causing (Recommendations on statement of "Dropsy," dea(b), 29 "Exhaustlon,"



1 P	LACE OF DEATH	STATE OF MARYLAND	
County	Baltimand (A)	CERTIFICATE OF DEATH	
		Registration Dist. No	
Village or	City Curinge Milla (No. Rosewood	State Training Ward [If death occurred in a hospital or institution, give its NAME instead	
	2 FULL NAME Allen Leroy 6	age of street and number.]	
P	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
mal.	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Decline 23, 1915 (Month) (Day) (Year)	
6 DATE O	F BIRTH	17 HEREBY CERTIFY, That attended deceased from	
	march 16, 1904	that I last saw him alive on Rec 23.	
7 AGE	(Month) (Day) (Tear)	and that death occurred on the date stated above, at Fm.	
	// yrs 9 mas / ds. or min.?	The CAUSE OF DEATH * was as follows:	
8 OCCUP		P. f. D. K. james	
(a) Trade	ATION e, profession, or kind of werk	Dalis Ofelefiticus	
(b) Gene	ral nature of Industry		
	ar establishment in how how to the played (or employer)	(Ourellan) re. moe. 2. de.	
9 BIRTHE	PLACE cor country)	Contributory Ofullfisy & Jarocy Secondary	
10 N	AME OF PATHER DOLLAR & CO.	(Signed) Kernette B. Loule M. O.	
Ø 11 B	IRTHPLACE O	Dec. 23. 1015 (Address Their mills mr.	
C 12 M	(State or country) Heat Girguna	*State the linease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
4	OF MOTHER Daisy M. Hollar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
1 0	(State or country)	At piece In the steel of death	
14 THE AB	OVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whara wee disease contrested, Alle garry Correty	
(Inform	nant) Keneth B Jones	Former er uouai residence // 0 6 Dirginio Ase Cimeleilans.	
()	Address) Owings Mills M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
FRed &) Ed 24/1915 17 melle de)	20 UNDERTAKER COMMUNICATIONESS	
	REGISTRAR	At Coline Keisherston	
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL "PUDRPERAL peritonitis," etc. State cause for which rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; cause. or miscarriage as by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUERPERAL septichaemia," Never report mere



LY. PHYSICIANS Exact statement of County Village or City EXACTLY. ² FULL NAME RECORD it may be properly classified. AND STATISTICAL PARTICULARS PERSONAL SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE should be stated PERMANENT WIDOWED OR DIVORCED (Write the word) BINDING See instructions on back of certifloate 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE 2 AGE 1 day,... hrs. 0 mla. ? THIS terms, so that carefully supplied. OCCUPATION
(a) Trade, profession, er 0 particular kind of work INK Ш (b) General nature of industry > business, or establishment in ESER UNFADING which employed (or employer 9 BIRTHPLACE (State or country) plain C 10 NAME OF eq E WITH MARGIN Every item of information should should state CAUSE OF DEATH I OCCUPATION is very important. PARENTS 11 BIRTHPLACE OF FATHER (State or country PLAINLY, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country WRITE -Every item (Address) 15 8. No. 1. m ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

If death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	- 04
090	28=,191
(Month)	
17 HEREBY CERTIFY, That at	
DEC 15 1 19N to De	275 ,1915
53.	
that I last saw h Me alive on Ale	
and that death occurred on the date s	tated above, atm.
The CAUSE OF DEATH * was as follo	
•	
- forther was the same of the	
Mondere mp	
(Burelles)	yre. moe de.
2	
Secondary Secondary	
Secondary	1
(Burallen)	yre. mee de,
(Signed) Herrolly onus	. M. O.
h han	-1-2-5
D3c Z8, 181 V (Address) Cal	manual della
*State the DISEASE CAUSING DRATH, OF CAUSES, State (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	r, in deaths from VIOLENT .
SUICIDAL OF HOMICIDAL.	(a) Water and a second
18 LENGTH OF RESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)	
At place in the af deathyremeedc. Stat	eyrsmocde.
Where was disease contracted,	
If not at place of death?	000000000000000000000000000000000000000
Former er	
neual reoldence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Part lem.	blec. 30 1
acomoro Just Com.	, 191
20 UNGERTAKER	ADDRESS
In the Cook	Baltimor N.
W Services St. Police Persenting V S No.	70

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Request

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwrite None. or given up on account of the nisease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pnéumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "LIUPDJ, genital," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," mus," "Old Age," "Shock," "Uraemia," "Weakness," mus," "Old Age," "Shock," "I am he ascertained as the "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent neaths symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. 'The contributory (secondary or intercuror misearriage as "Puerperal septichaemia,"



RECORD

Registered No. 40 St: Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 BINGLE. SEX 4 COLOR OR RACE MARRIED WIDOWED. Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE .29, 1916. (Address) ARENT (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH Where was disease contracted. if nof at place of death? Former or Every item CAUSE OF important. OF usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in a hospital of Institution. give its NAME instead of street and number. 1

1 HEREBY CERTIFY, That I attended deceased from mark 1, 1915, to leve 29 and that death occurred on the date stated above at ... T. The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the of death _____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds. DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid peumonia;"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionacum, etc.. Carcin-

cause of death approved by Committee on Nomencla. "Contributory." scpsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUTBPTEAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malks ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) _ (name origin; "Can-



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Cou	nty Baltimire	STATE OF CERTIFICAT
Villa	Day View Pasyland	Registration St.; Ward
	2 FULL NAME George W. Carr	011
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
3 se	MARRIED,	16 DATE OF DEATH Dec
6 DA	TE OF BIRTH 1840	July 1st 1915, to 1
7 AG		and that death occurred on the dat
par (b	CCUPATION) Trade, profession, or ficular kind of work) General nature of lodustry siness, or establishment in	Residuel her
Wn	ch employed (or employer) RTHPLACE (State or country) Maryland	Contributory Bruch
	10 NAME OF FATHER John Carroll	(Signad) FIS for
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	Dec. 8th. 191 5 (Address CAUSING DEATH
PARI	of Mother Hester Ann	CAUSES, STATE (I) MEANS OF INJUST; SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIT
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	or recent residence) Al place of death 7yrs. 1mas24ds.
	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wee disease contracted, if not at place of desh? Former or usual resident ront & Fayette
15	(Address)	19 PLACE OF BURIAL OR REMOVAL
	12/8, 19105 Messam Ball	20 UNGERTAKER
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, Requesting V. S.

21203

PLACE OF DEATH

STATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No. 41

[It death occurred in a hospifal or institution, give its NAME Instead

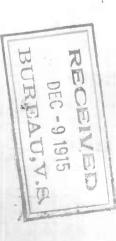
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MEDICAL C	ERTIFICATE	OF DEATH	
16 DATE OF DEATH	Dec em	ber 7th	, 191 (Year)
July lat 18	1FY, That I s	ecember	ased fro 7 , 191
that ! last saw h in al			
The CAUSE OF DEATH	was as follo	ws:	
REs. durl	hem	· polizy.	a
Contributory Br			
(Signad) J. J. Dec. 8th. 191.5 (A	ddres C. TY	HOSPITAL	, M.
*State the Dispase Ca Causes, state (1) Means Suicidal of Homicidal.	USINO DRATH, O OF INJURY; and	r, in deaths from (2) whether Acc	VIOLENT IDENTAL,
18 LENGTH OF RESIDENCE OR RECENT RESIDENCE Al piece of death 7 yrs. 1 mes. 2 Where we disease contracted, If not al place of death?	In the		
Former er ueval resident Front & F	ayette :	Sts.	*******************
19 PLACE OF BURIAL OR RE	Relat	DATE OF BUI	NIAL , 1913.5.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, write Nonc. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to applies to each and every person, irrespective of age ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of.. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," ctc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere



out of	Coun	Baltimere	21201	(XX)	STATE OF MAI CERTIFICATE O
ot statem		ge or City Wistpo	A (No.	marye	Registration Dis
EX 3		2 FULL NAME	Charles	m	Caster
fied		PERSONAL AND STAT	TISTICAL PARTICU	LARS	MEDICAL CERTIFICATE O
y classi	3 SE	x 4 COLOR OR RAC	S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	rdowed	16 DATE OF DEATH (Month)
be properly certificate.	6 DA	TE OF BIRTH	Month) (Day)	, 1842 (Year)	17 I HEREBY CERTIFY, That I att
that it may be on back of c	7 AG		mos. 9 ds.	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date sta The CAUSE OF DEATH * was as follow
instructions on	Mu par (p bar (a	CCUPATION) Trade, profession, or rilcular kind of work) General nature of industry siness, or establishment in ich employed (or employer)	Storer lass how	sl_	Operation) -
See inst	⁹ BI	RTHPLACE (State or country)	w Cer	sey	Contributory Secondary (Buralion)
두널	v	10 NAME OF State	y In c	arter	(Signed) Raymond
F DEAT	PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	hew ge	ssey	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and (Suicidal or Homicidal.
CAUSE OF	P,	13 BIRTHPLACE OF MOTHER (State or country)	ew Per	see	18 LENGTH OF RESIDENCE" (FOR HOSPITALS, I OR RECENT RESIDENTS) At placa In tha of death
PATION		(Informant) Meliss	BEST OF MY KNOWL	elclour	Whera was diseasa contracted, It not at place of death?
Should	15	(Address) Wes	tpert		Melville M.J
,, ,	File		The state of the s	REGISTRAR	I whole Seffer to
		If more bla	nks are needed, address	State Registrar,	6 W. Saratoga St., Balto., Peoplesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Caster

[If death occurred in a hospital or institution,
give its NAME instead
of street and number.]

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	Dec (Month)	9 ,1915 (Year)	
10 0 == 11	TIFY, That I atten	ded deceased from	
	915, to	, 1916,	
and that death occurred	live on	d above, at 2Pm.	
The CAUSE OF DEATH			
akoh	Lever.		
	7		
	(Duration)	yrs. 🛨 mos. 🗲 ds.	
ContributorySecondary		•••••••••••••••••••••••••••••••••••••••	
(Signed) Rayn Pee 10 (191.1)	(Address) DOT (yra mos ds.	
*State the DISEASE C CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.	CAUSING DEATH, or, in of INJURY; and (2)	deaths from Violent whether Accidental,	
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) Af placa of deathyrsmos Whera was diseasa contracted,	In tha	TITUTIONS, TRANSIENTS,yrsds.	
It not at place of death?			
19 PLACE OF BURIAL OR I	M.J LL	LE / 4, 1913	
OUNDERTAKER)	Mar X	DDRESS	

[Approved by U. S. Census and American Public Health Association.]

C yrs. employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. Housemaid/etc. If the occupation has been changed who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Crocery; (a) Foremon, (b) Automabile factory. The material worked on may form part write/None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositar, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease caused to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned Struck by railway troin-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL scptichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness. "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" "PUERPERAL pertionitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." cough; Chronic vulcular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Always qualify all diseases resulting from child-The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Exhaustion." "Atrophy," "Col-



V. B. No. 1.

RECORD	PHYSICIANS should state to of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Saltimore 21205	Registered No. 29638
VIIIage or City fard & Ewoch Pratt Hospital (No. 1907)	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Drisle White (Write the word)	16 DATE OF DEATH (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That I attended deceased from
Corch 1 1,950	that I last saw him alive on Dec 27, 1915: and that death occurred on the date stated above, at 5:30 Q m. The CAUSE OF DEATH* was as follows:
COCUPATION (a) Trade, profession, er particular kind et work (b) Genoral nature ef Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland	Cente diletation heart Ciente Ocdema of the Lung (Duration) yrs mos ds. Contributory Lobar Rueumonia and (Secondary) Reursy with the secondary (Duration) yrs mos 22 ds.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) Sargeux, M. 0. See 27, 1915: (Address) Lowson Vide *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Turang Clark 13 BIRTHPLACE OF MOTHER (State or country) Tentenace	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs,mos. / # ds. State 35 yrs,ds.
(Informant) Juns Edich Carter (Address) 5/1 Franklin Liseace Politics	Where was disease contracted, Zinckinawie If not at place of death? Former or usual residence 54/ Franklin Lerrace Basto, Sud.
Filed N. 27. 1915- M. J. Pulis REGISTRAR	29 UNDERTAKER DE SO 3 Edgunder
If more blanks are needed, address State Registra	



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichneetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brenchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

0,0	PLACE OF DEATH	STATE OF MARYLAND
AN	County Daly 21200	CERTIFICATE OF DEATH
LY, PHYSICIAN Exact statement	County	31
PHYS state	0	Registration Dist. No.
E ts	Village or City Standy (No	St.; Ward) [If death occurred in
la co	M A = 0.21	a hospitat or institution,
CTLY.	2 FILL NAME Cled Callet	refs of street and number.]
AC.		1
classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
88	3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH ALA 29 1015
	Wale white OR DUORGED of	(Month) (Day) (Year)
hould be sta be properly certificate.	(Write word)	17 I HEREBY CERTIFY, That I attended deceased from
fica	6 DATE OF BIRTH	Def 29, 1915, to Dep 29, 1915,
	(Month) (Day) (Year)	that I last saw have alive on Dep 29 ,1915,
	7 AGE II LESS than	and that death occurred on the date stated above, at 44 m.
GE s may ck of	1 day, Antrs.	The CAUSE OF DEATH * was as follows:
Atte	yrs,ds. or min.?	THE CAUSE OF DEATH & Was as follows:
lied. that	OCCUPATION (a) Trade, profession, or	The same of least by land
so t	particular kind of work	
S, S	(b) General nature of lodustry business, or establishment in	7 /4.
fully term struc	which employed (or employer)	(Ouration) yra. mos. ds.
	9 BIRTHPLACE (State or country)	Contributory
	(State or country)	(Beratian) yra. mos. da
O D O	10 NAME OF CO	1/2/1/10
	has Callertuck	(Signed) , M. O.
0 1- E	U II BIRTHPLACE	(Address) Search luf.
DEA	Z OF FATHER (State or country)	State the DISPASE CAUSING DEATH, or, in deaths from Violking CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	I'BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WALLES 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
SE O very	13 BIRTHPLACE	OR RECENT RESIDENTS)
250	OF MOTHER (State or country)	At place in the ef deathyrsmesde. Slate,yrsmesde.
Z OZ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrected, if not at place of death?
should state CAI	Ch. Cite 1	Former or
sta	(Informant) May Caracteria	usual reaidance
250	(Address) Secul and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
No.	16 0 (0.1	Deaut had Dep 30, 1915
H W O	Fled (2 9 1915 X toligle	20 UNDERTAKER ADDRESS
m	REGISTRAR	has Callerbuch Seant had
Z	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as prebubly such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasto determine definitely. Examples: Accidental drowning; or miscarriage as "PUERPERAL septichaemia," by railway train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion," nound



V. S. No. 1.

Coun	1 PLACE OF DEATH 21207	STATE OF MARYLAND CERTIFICATE OF DEATH
Vitla	ge or City Platensville (No. Dring 2 FULL NAME Helen M.	Registration Dist. No. 30 [If death occurred a hospital or institution give its NAME instead of street and number.
0-g3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yea 17 HEREBY CERTIFY. That Lattended deceased fr
6 DA	TE OF BIRTH. (Month) (Day) (Year)	that I last saw h Malive on Dec 3 th, 191
7 AG	yrs lustimos lenkus or min.?	and that death occurred on the date stated above, at 5
par (b bus wh	CCUPATION) Trade, profession, or ricular kind of work) General nature of industry siness, or establishment in lich employed (or employer)	Contributory Pulplice Jusanit
S	10 NAME OF FATHER LURE	(Signed) Secondary (Outsion) Tyrs mos. (Signed) Culturalle Michael Control of the Control of
RENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LEWER	*State the DISPASE CATSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
0		OR RECENT RESIDENTS)
PA	13 BIRTHPLACE OF MOTHER (State or country)	At place 3 yrs. — mos. — de. Siete, — yrs. — mos. — where was disease contracted,
14 T I	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ms Roman Slevens.	of deathyrsmosds. Slete,yrsmos.
14 T I	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death

[Approved by U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm loborer, Laborer who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons of the second statement. mobile factory. The material worked on may form part mill; (a) Sulesman, (b) Grovery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used write None. especially in industrial employments, it is necessary to engineer, Stotionary freman, etc. But in many cases, applies to each and every person, irrespective of age business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question -Coal mine, etc. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, If the oecupation has been changed Women at home, who are engaged in · Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nonienelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetunus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Pterperal septichuinio, "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Poisoned by carbolic acid-probably Struck by railway train—occident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerpenal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valoular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of etc., when a definite disease can be ascertained as the genital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," (Recommendations "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

	PLACE OF DEATH 21208	STATE OF MARYLAND
1	County 22010	CERTIFICATE OF DEATH
		Registration Dist. No. 38
	Village or City Browhlandville (No. 13 al	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED, WIDOWED OR DIVORCED ungle (Write the word)	16 DATE OF DEATH Dec 3, 1913 (Month) (Day) (Year)
	8 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	Les 4 1915	1913, to XUC 3 ,1913,
	(Month) (Day) (Year)	that I last saw h Ma alive on Will 3, 191.6,
	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
	yrs. mos. 9 ds. OR min.?	The CAUSE OF DEATH * was as fellows:
	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Ourstion) yrs mos 9 ds.
	9 BIRTHPLACE (State or country) MA	Contributory Secondary
	10 NAME OF Harry & Chewowith	(Signed) Limus C. Question yes mos ds.
	U State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	of MOTHER & atti May Marathy	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of deathyrs
	(Informant) Warry R Guestatte	Where was disease contracted, if not at place of death?
	(Address) Stevenson, My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed Die, 14, 1915. M. J. Parles	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registrar, 16	G.W. Saratore St. Ralto Requesting V. S. No.
	The biguas are needed, address state Registrat, It	Ave

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the disease causing death, Housemaid, etc. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laburer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. is very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intercurcough: Chronic valvular heart disease; Chronic interstitial Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Senile," etc.), (merely symptomatic), "Atrophy, ona," "Convulsions," "Debility" as "Pubnperal septichaemia," "Dropsy," Never report mere "Atrophy," "Exhaustion," ("Con-



Village or City (No.	209 85 M. Ih. 14 Clark	STATE OF MA CERTIFICATE (Registration Di Spitals; Ward)	OF DEATH
PERSONAL AND STATISTICAL PARTIC 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR OLOO LOO LOO LOO LOO LOO LOO LOO LOO	idove 16 DATE	OF DEATH (Month) I HEREBY CERTIFY, That I at	OF DEATH (Day), (Year) (tended deceased from
OCCUPATION (a) Trade, profession, or particular kind of work The description of the desc	1 14 1 500 4500	ast saw him alive on Dent death occurred on the date st	
(b) General nature of ledustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Con	ributory adary (Guration)	
10 NAME OF FATHER CONTROLL OF FATHER CONTROLL OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or country)) 12 BIRTHPLACE OF MOTHER (State or country))	CAUS SUICE 18 LENG OR RE Al place	State the CISPANS CAUSING DEATH, OF, RS, state (1) YEANS OF INJURY; and DAL OF HOSPITALS, CHART RESIDENTS) In the	(2) whether ACCIDENTAL,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW (Inferment)	Whare was	discoss contracted, not know	t ot
(Address) 15 Filed / 2 191 5 Miriam If more blanks are needed, address	BALL BONO REGISTRAR State Registrar, 16 W. Saru	e of Burial or REMOVAL PROPRIEM CRYSKEN ON WORLD Y LOW LOW OR St., Balto., Requesting V. S. No. 1	ADORESS Royal



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING NEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) froctry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (relired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal minc, etc. the second statement. is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. Examples: Cerebrospinal time and causation), Lobar pneumonia, Typhoid fever (never Statement of Cause of Death-Name, first, the DISEASE Bronchopneumonia ("Pneumonia, using always the same accepted report "Typhoid pneumonia")

> mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conna," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be accertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronunder the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee to determine definitely. or miscarriage Always qualify all diseases resulting from childas "Puerperal septichaemia," Examples: Accidental drowning; State cause for which Never report mere

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS B. No.

PLACE OF DEATH STATE OF MARYLAND

C	ounty Dalla.	CERTIFICATE OF DEATH
	FULL NAME THE BOOM	Registered No. 400 ([If death occurred in a hospital or institution, give its MAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o si	MARRIEO, N. CO	(Month) (Pay) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw halive on
TA	ge If LESS than f day, hrs.	and that death occurred on the date stated above, at
(a) pa (b) bus whi	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in chemployed (or employer) IRTHPLACE tate or country) Clear - Mar.	Contributory Interties (Secondary) (Daration) (Daration)
ARENTS	10 NAME OF FATHER William E. Clerk 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF TATHER (State or country)	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
16 Fil	ed Oc. 17 191 S Tenha, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Prome Ground Date OF BURIAL 20 UNDERTAKER Pather Address Clarift Blay MA.
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In all extends with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purepreal septichaccause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of (secondary or intercurrent) (name origin; "Oan-Examples:



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	RD	Very Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is mportant. See instructions on back of certificate.
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT RECORD	hould be
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	LAINL	Very Item of information should be carefully sup AAUSE OF DEATH in plain terms, so that it ma mportant. See instructions on back of cartificate.
	RITE F	F DEATH
	5	y Item SE OI
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [If death occurred in St:Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWEO, Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 401 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General pature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death yrs. mos. ds. (State or country) State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?... Former or usual residence DATE OF BURIAL 15 if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be Indi-"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is Indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

**Contributory." (Recommendations on statement of such, if impossible to determine definitely. childblrth or miscarriage, as "Purspenal septicharctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the Americau Medical Association.) Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," __ (name origin: "Can-Examples: For vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 - 1916 BUREAU, V.S.

/	OF DEATH	01919	(2)	CERTIFICATE	OF DEATH
County Bal	trunk	41618	6.0		ered No.
Village or City.	Consus	(No.	an	St;War	(d) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONA	L AND STATISTIC	CAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
	COLOR OR RACE	MARRIED, ULLANUEL WIODWED, UNIVERSED (Write the word)	16 DATE OF D	(Month) I HEREBY CERTIFY, That	(Day) (Year)
OATE OF BIRTH	Sout (Month)	(Day) (Yea	Dec 2		28 1915
OCCUPATION (a) Trade, profession, or particular kind of work	Oyrs		hrs. The CAUSE OF	occurred on the date states F DEATH* was as follows:	d above, at 10-40.0m.
400			***************************************	***************************************	***************************************
(b) General nature of in business, or establish which employed (or emp	dustry, nent in //	ruf-ij	Contributor	y	
(b) General nature of in business, or establishm which employed (or employed (or employed (or employed (or country)) 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or country)	dustry, nent in House flower) Le bout to	Kuar	(Signed) (Signed) State the CAUSES, state	(Duration)	
(b) General nature of in business, or establishment which employed (or	dustry, nent in House slover) L L L L L L L L L L L L L	Kun Kun Kun Kun Kun Kun Kun	(Signed) State the CAUSES, state TAL. SUICIDA 16 LENGTH OF OR RECENT FAt place of death yrs	DISEASE CAUSING DEATH, OF, B. (1) MEANS OF INJURY; AEL, OF HOMICIDAL. RESIDENCE (FOR HOAPITALS RESIDENTS) In the State	yrs ds
(b) General nature of in business, or establishmess, or establishm	dustry, nent in House slover) Le bout to in in bout to continue bout bo	Know Know Know Know Know Know Know Know	(Signed) State the CAUSES, state TAL, SUICIDA 16 LENGTH OF OR RECENT FAI place of death	(Duration) (Duration) (191.6 (Address) DISEASE CAUSING DEATH, OF, of (1) MEANS OF INJURY; are L., or HOMICIDAL. RESIDENCE (FOR HOAPITALS RESIDENTS) In the contracted, lealin?	In deaths from Violent ad (2) whether Accidents, Institutions, Transients, yrs

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Deaier," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Examples:



MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or Institution. give its NAME lostead of street and oumber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, (Month) (Dav) Write the wor I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in vrs 110 mos / 2 which employed (or employer) Contributory State or country) (Secondary) 100 10 NAME OF (Signed) (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ... yrs. State Where was disease contracted. It not at place of death? Former of usual residence REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more highes are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spianer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the distance causing death—Name, first, the distance causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

genital," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottinacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of cause of death approved by Committee on Nomencia "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), "Dropsy." "Exhaustion," (Recommendations on statement of (name origin; "Can Never report Examples : For vio-



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V. S. No. 1.		0
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1 PLACE OF D	EATH CITY	Y DETENTION HSOPT	. FOR INSAMESTATE OF MARYLAND
County Balt			CERTIFICATE OF DEATH
·		21214	Registration Dist. No. 41
		shua Comish	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL	AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	lor or race	b single, warried, Unknown widowed or Divorced (Write the word)	December 18th , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH		1 (miles one more)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 74?	(Mor	If LESS than 1 day,	December 15th 1915, to December 18, 1915, that I last saw him alive on December 17th, 1915, and that death occurred on the date stated above, at 309 m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of int business, or establishme which employed (or employed (State or country)	dustry ent in Unl oyer) Unl	known	Advanced Arterio Sclerosis (Durallon) yra. moe. ds. Contributory Myocardial Instifficiency
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or cou	Unintry) Un	known nknown nknown	(Signed) Called
(Address)			if not at place of death? Former or usual residence 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL A 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 19 PLACE OF BUR
Flied /2/20	If more blanks	REGISTRAR s are needed, address State Registrar,	20 UNDERTAKER AQDRESS 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day loborer, Farm laborer, Laborer mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autois provided for The latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-"Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--C'oul mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," under the head of "Contributory." (Recommendations surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "Puerperal peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely synptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or interemcough; Orronic valvular heart disease; Chronic interstitial "Tumor", for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," (secondary), 10 ds. as "Puerpenal septichaemia," State cause for which Never report mere



AGE should be stated FXACTIV WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ry Ballinive 21438	CERTIFICATE OF DEATH Registration Dist. No. 44
Villa	ge or City Rosswille (No, 2 FULL NAME Rosella Creg	St.; Ward) a hospital or institution give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Colored Single, MARRIED, Single OR DIVORCED (Write the word)	18 DATE OF DEATH Scende 3, 191 (Month) (Day) (Year
6 DA	December 5, 19/6- (Month) (Day), 19/6-	that I last saw halive on
7 AG	E it LESS than 1 day,hrs hrs ormin.?	and that death occurred on the date stated above, at
(b bu: wh	CCUPATION) Trade, profession, or rticular kind of work) General nature of lodustry siness, or establishment in ich empleyed (or employer) RTHPLACE (State or country) Maryland	Suff Jans unable to Murce (Buration) yrs. mos. Contributory No feet wymalen,
ENTS	10 NAME OF William Croq 11 BIRTHPLACE OF FATHER (State or country) Mary land	(Signed) Chank & Frulke Corone Sec / 1915 (Address) Rozando Mod *State the DISEASE CAUSING DEATH, or, in deaths from Violent
PARE	13 BIRTHPLACE OF MOTHER (State or country) Mary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN DR RECENT RESIDENTS) At place In the State,
14 TI	(Informant) Milliams Energy	Where was disease confrected, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) DOSSVICE 1100	It Suphers Dec 14, 1019

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at heginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified,

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Ura(mia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilondeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver to determine definitely. surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. birth or miscarriage as genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephratus, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for mahignant neoplasms); Meastes; Whooping (secondary), 10 ds. The contributory (secondary or intercur-Examples: Accidental drowning; "PUERPERAL septicluemia," State cause for which Never report mere "Exhaustion," important. mound



UNFADING INK-THIS IS

should state

PHYSICIANS should of OCCUPATION IS

properly classified. Exact statement

should be stated EXACTLY.

AGE

certificate.

See instructions on back of

Important.

15

B.-Every item of information should be CAUSE OF DEATH in plain terms, s

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PERMANENT

1	PLACE	OF	D	EA	TH

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. Village or City I lays (No., Wo., Wilkens after the course a hospital or lostitute give its NAME ins of street and number of street and number to the course and number of street and number of st				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	ex 4 COLOR OR RACE Single, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
6 D.	ATE OF BIRTH Apr. 10,1908 (Month) (Day (Year)	5 to 14 1915, to Deel 1915 that I last saw him allve on Mon. 20, 10, am , 1915		
(a) pa (b)	yrs 7 mos 2 ds. 1 day,hrs. OCCUPATION) Trade, profession, or School Goy Official residuation of the school	and that death occurred on the date stated above, at 1 P The CAUSE OF DEATH* was as follows: Primay aculi tonsillis with absels of both ears Hurulent descharge (Surprest Tuly cular history)		
whi	siness, or establishment in Ich employed (or employer)	(Buration) yrs mos d		
9 8	(State or country) Ruch Run W. Va	Contributory anaima Congental Secondary Valer Heart Trackle - Cardial embolism (Duration) yrs mos di		
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Linknown dead	(Signed)		
PA	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Cllen Binn deach (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) at 5 many muleutival School of death yrs, 9 mos. ds. State yrs, 8 mos. ds.		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Colton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephritis nant neoplasms); Measles; Whooping cough; Chronie scpsis, telanus) may be stated under the head of etc., when a defiuite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal perilonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion,"



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIDATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

11

PLACE OF DEATH County Dack 21216 Village or City Preservel (No.	(3)	STATE OF MA CERTIFICATE (Registration D	OF DEATH ist. No. 4
FULL NAME Clara E	Daniels		a hespitat or Institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDDWED OR DIVORCED (Write: the word)	16 DATE O	F DEATH (Month) HEREBY CERTIFY. That I at	(Day) , 191
7 AGE 17 yrs. 2 mos. 2 4 ds.	If LESS than and that of	t saw h & alive on death occurred on the date s	A PA
(a) Trade, protession, or particular kind of work (b) General nature of industry business, or establishment in which empleyed (or employer) BIRTHPLACE (State or country)	Contri	wh neplinte (Buration)	yłs. mos.
10 NAME OF GLEWING Stack	(Signad)	Eclampson (Burston)	Me mos 10 k
U II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER C	• St CAUSES, SUICINA	ate the Disease Causino Dratii, or, state (I) Means of Injury; and L or Homicioal.	r, in deaths from VIOLENT (2) whether ACCIDENTAL,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECE At piace of death	OF RESIDENCE (FOR HOSPITALS, NT RESIDENTS) In the	
(Informant) My 9 - V Tresco	DGE If not at place Former or usual residence	cs of desth?	
(Address) Rosonele	19 PLACE (fuem Cea	DATE OF BURIAL
Fled Dec 11, 1915 - 1207 tann	Des . 20 UNDER	LA Jerman	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return Compositor, Architect, Locomolive engineer, For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inauition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor miscarriage The contributory (secondary or intercuras "PUERPERAL septichuemia," State cause for which Never report mere (Recommendations "Exhaustion," important. nound



V. S. No. 1.

N.B.

I DU AGE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Back 21217	CERTIFICATE OF DEATH
Willess or City Rassouls (No.	Registration Dist. No.
2 FULL NAME Shel how infan	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
6 DATE OF BIRTH Acc /0 , 1915 (Month) (Day) (Year)	that I last saw halive on
7 AGE 1 It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)	Met how, preuden 7 2008 (Burstion) yrs. mes. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Acut orphisms of connumber of the
10 NAME OF Janus Lo Samuels.	(Signed) Showed Harris M. O.
Z OF FATHER (State or country)	*State the Dibease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Clara & Hacking	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ef deethyrsmesds. State,yrsmesds, Where was disease contracted,
(Informant) Laws Would	If not at place of death? Former or wasai residence
(Address) Rossaulu	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dec 12 1915
Filed Dre 11, 1910 for Hamis No	20 UNDERTAKER ADDRESS Roft Dumer Bailo
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, very important, so that the relative healthful-For persons who have no oeeupation whatever, The material worked on may form part statement. Never return "Laborer," Locomotive engineer, But in many eases, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) head-homicide; Poisoned by curbolic acid-probably "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," chopneumonia (seecondary), 10 ds. Never report mer symptoms or terminal eonditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrulus, etc. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. " "Old Age," "Shoek," "Uracmia," "Weakness, by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning, State cause for which Never report mere "Exhaustion,"



Z.B.

PLACE OF DEATH 21218	STATE OF MARYLAND CERTIFICATE OF DEATH
County HUNICIPAL TUBEROULOS	13 HOMP Registration Dist. No.
VIIIage or City(No,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Stock - SINGLE WIDOWED OR DIVERSITY OR	18 DATE OF OEATH Que. 26, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	that I last saw him alive on Alle 76, 1915,
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 1.0 m. The CAUSE of DEATH * was as follows:
(a) Trade, pretession, er particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Ouration)
BIRTHPLACE (State or country)	Contributory Secondary (Ourstlen) 75 800 800 800
10 NAME OF FATHER Quis 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name	(Signed) E.S. C.S. M. S. Do 28, 191. 5 (Address) Mussuafal H llvd *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 3 mea. / 5 de. State, 3 yrs. mea. ds. Where we disease contracted, if not all place of death?
(Informant)	Formar ar usuai raeidance / + > Slock J
15 A A A	sacred Hearl 17 29, 191.5

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the loccupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Browchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart discase; Chronic interstitial "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronon statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," rent) affection need not be stated unless important nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; birth or miscarriage Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "Puerperal septichaemia," Never report mere



1 PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in EXACTLY. Pl St.:....Ward) a hespital or institution. give its NAME instead of street and number.] RECORD classified, PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIEO. WIDOWEO OR DIVORCEO (Month) (Day) properly certificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pino 84 (Year) e q (Day) 7 AGE If LESS than AGE s 05 on the date stated above, at back 1 day, hrs. OR min. ? that B OCCUPATION 0 pplied (a) Trade, profession, er particular kind of work instructions terms, so (b) General nature of industry SE business, or establishment in > which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary lain 80 See (Durstion) 10 NAME OF 2 2 FATHER onid important. S 11 BIRTHPLACE (Address) PARENT OF FATHER *State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEA SUICIDAL OF HOMICIDAL MEANS OF INJURY; and (2) whether ACCIDENTAL. 50 12 MAIDEN NAME OF MOTHER E OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At placs S In the of Infor OF MOTHER (State or country) \supset diesb leyrs. mes. de.yrs.mos. ... Where wee disease contracted. Z 14 THE ABOVE IS should state C il not el place ol deeth? usuel residence DATE OF BURIAL 20 UNGERTAKER ADDRESS m REGISTRAR 2 If more blanks are needed, address State Registrar, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

Her was lest our alin bre 15-15 by his daughter at 1,30 am and less forms thereby brids his his devs at 530 am by his wife who called her there him

ges. peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House "Foreman," "Manager," "Dealer," etc., without more mobile factory. write None. Housemaid, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

rent) affection need not be stated unless important ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senilc," etc.), on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marashead-homicide; The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Dropsy," Never report mere "Exhaustion,"



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. Ilf death occurred in a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day, hrs. The CAUSE OF DEATH * was as follows: ...min. ? 9OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ State yrs, ____ mos. __ Where was disease contracted. 14 THE ABOVE IS If not at place of death? osual residence. BURIAL OR REMOVAL DATE OF BURIAL 16 20 UND ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eouditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or Intercurrent) valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Contributory." is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



WITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	s.—Every item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly class OCCUPATION is very important. See instructions on back of certificate.
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6 DATE OF BIRTH (Month) (Day) , 1915 (Year)	that I last saw have salive on	tended deceased from
7 AGE Per life It LESS than 1 day, hrs. yrs. mas. ds. OR min.?	and that death occurred on the date s The CAUSE OF DEATH * was as follo	
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[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthonia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopneumonia (secondary), to determine definitely. The nature of the injury, as fracture of skull Examples: Accidental drowning; , 10 ds. State cause for which Never report mere nound



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1 PLACE OF DEATH County Village or City PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, MARRIED. Hels ORDIVORCED (Write the word) (Month) (Day (Year) TAGE It LESS than 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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It death occurred in a hospitat or institution, give its NAME Instead of street and number.]

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If more blanks are needed, address State Resistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



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	County Balto 21224	CERTIFICATE OF DEATH
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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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	Month) (Day (Year)	that I last saw hall alive on 10 12 1915
	7 AGE If LESS than t day, 7 hrs. ORmin, ?	and that death occurred on the date stated above, at 7 m. m. The CAUSE OF DEATH* was as follows:
16	OCCUPATION (a) Trade, profession, or particular kind of work	Exhaustron This
ate.	(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE	Contributory Congenital malformation
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ck of ce	10 NAME OF FATHER John & Lempsey 11 BIRTHPLACE OF FATHER S 1	(Signed) And Essuar 3. 19. 10. (Address) 248 So 3 AST
s on ba	(State or country) Coalifornia 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
struction	13 BIRTHPLACE OF MOTHER (State or country) Balte. Ald	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place io the of death yrs, mos, ds. State yrs, mos, ds
lant. See li	(informant) folice P. Klessefsey	Where was disease contracted, If not at place of death? Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Import	(Address) 21 W. 11 Su -	At Patricks Equeter Dec 14, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Instance causing marth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerpenal septichacaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



S. No. 1. >

Coun		of DEATH	21225		(%)	STATE OF MA CERTIFICATE (
Villag		View Agrlum	(No			Registration Di	[if death occurred a hospital or institutio give its NAME instea of street and number.
		NAL AND STATIS				MEDICAL CERTIFICATE	OF DEATH
3 se	x ale	4 COLOR OR RACE Black	6 SINGLE, MARRIED, UI WIDOWED OR DIVORCED (Write the word)	nknown	16 DATE OF DI	December (Month)	18th , 191 (Day) (Yes
6 DAT	TE OF BIRT	'H		, 1875 (Year)	Decemb	er 5th ₀₁ 5, to Dece	ecember 18,191
7 AGI		40 yrs.		It LESS than I day, hrs. OR min.?	and that deat	th occurred on the date st OF DEATH * was as follow	ated above, at 6 A
(b) busi) General natu iness, er este ch empleyed (f work			Contribute Secondary		4 pt moe oralysis.
W	10 NAME C	Unknown			(Signed) Dec.18t	Is I great	f re
RENT	11 BIRTHP OF FAT (State	or country)			***************************************	he Disease Causing Drath, or, e (1) Means of Injury; and	in deaths from Violent (2) whether Accidental
14 TH	13 BIRTHP OF MOT (State	THER	BT OF MY KNOWLI	EDGE	OR RECENT R At place of doothyre. Where was dissess	mee.1.3 de. Stete	INSTITUTIONS, TRANSIE
					Former or usual residence	734 W.Mulberry	St.
(Address)		19 PACE OF B	TRIAL OF REMOVAL	DATE OF BURIAL 12/2/191 ADDRESS.			
File		9		REGISTRAR	J. J.	Fully , Balto., Requesting V. S. No. 1	1309 1. Jel



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumosia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Uraemia," "Weakness," rent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (sccondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver (mcrely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid—probably State cause for which Never report mere "Atrophy," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT

V. S. No. 1.

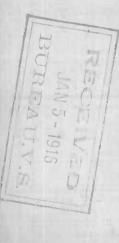
Very	PLACE OF DEATH	CERTIFICATE OF DEATH
5 <u>8</u>	County Ballinson Co 21228 (5.1
OCCUPATION	Village or City My Hope (No. Mt)	Registration Dist. No
int of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stateme	Freuale While Single, Married, Williams or Ordivorced (Write the word)	16 DATE OF DEATH DSC Z6 , 1915 (Month) (Day (Year)
ed. Exact	6 DATE OF BIRTH 7. 26	17 I HEREBY CERTIFY, That I attended deceased from abt Nov 124, 1915, to DEC 26, 1915, that I last saw h & alive on See 2344, 1915
ly classifie	7 AGE (Month) (Day (Year) 1 LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at 430% m. The CAUSE OF DEATH* was as follows: Tul. Jutreulouis
may be prope	(a) Trade, profession, or Religious particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	abt (Duration) 2 yrs. 0 mos 0 ds. Contributory Exhaustion & Austia
so that it of certifica	10 NAME OF FATHER John Drvill	(Signed) trank flamery, M. D.
ain terms, ns on back	11 BIRTHPLACE OF FATHER (State or country) Inland 12 MAIDEN NAME OF MOTHER Lothia Germella	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
EATH in pi	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
SE OF DE	(Informant) Recorder of Met Stope Reprise	Former or usual residence Seathern Med Whice N. Y. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CAUS	Filed De 26, 191 3 ym. 4 Prices REGISTRAR	29 UNDERTAKEN Coly 12/27, 1915 Slewar Mowen Co 18 M. Name.
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lunys, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Auaemia" (mcrely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from Meusles (disease causing death), 29 ds.; (Recommendations ou statement of State cause for Never report For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dis	it. No. 41
St.; Ward)	[if death occurred in a hespital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
December (Month)	15th , 1915 (Day) (Year)
17 I HEREBY CERTIFY, That I att	ended deceased from
December 1st, 1915, to Dec	ember 15,1915
that I last saw hall allve on Dece	mber 15 1015
and that death occurred on the date sta	
The CAUSE OF DEATH * was as follow	
Careironatasis of abdom	
	000000000000000000000000000000000000000
(Buretien)	nos years de.
Contributory Chitain forther	melis & chronic
volvulor head dans as Question)	mer de.
(8lgrad) c c Jtoka	,, M. 0.
Dec. 15th 1915 (Address CITY H	OSPITAL
*State the Direase Causing Drath, or, Causes, state (I) Means of Injury; and (Suicidal or Homicidal.	in deaths from VIOLENT 2) whether ACCIDENTAL,
OR RECENT RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) Al place In the of death	NSTITUTIONS, TRANSIENTS,
Fermer er usual residence 3105 Elliott St.	
19 PLACE OF BURIAL OR REMOVAL	OATE OF BURIAL
Toly Kosares	12/17 101.5
N MIN A CLOSE SOLV	618 6 actors

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, For many occupations a single word or term on the Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever If the occupation has been changed Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tctanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, periionaeum, etc., Carcinoma, Sarcoma, etc., of..... birth or miscarriage as "Anaemia" by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercurnot be stated unless "Puerperal septichaemia," State cause for which Never report mere "Atrophy," "Colacid—probably important. ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CI 6 1915 EAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Village or City Leure (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR OIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE (Month) (Day) (Year) 1 day, hrs. OR mia,?	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 3 / 191 that I last saw h alive on 3 / 191 and that death occurred on the date stated above, as 7 m. The CAUSE OF DEATH * was as follows:
particular kind of werk (b) General nature of ladustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Deviction Details 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Signe
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 16	of deeth yrs. mee. de. State, yre. mee. de. Where wee disease contracted, if not at place of death? Former er usual residence 19 PLACE OF BURIAL OR REMOVAL AODRESS T AUTHOR W Sarators St. Batto. Provention V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at bome, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locuengineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, Women at bome, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, OR HOMICIDAL, OR as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal scptichaemia, eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause Never report mere (Recommendations for which wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916
BUREAU, V.S.

BINDING ۵ ERVE œ ARGIN

should PHYSICIANS shou statement PERMANENT O properly INK be UNFADING may certificate. 0 0 terms. n back LO ATH in plain instructions o DEATH See 50 OF mportant. ш CAUSI

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TAGE 8 OCCUPATION PARENTS

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH In cella Registration Dist. No. 40 lif death occurred la -Ward) a hospitai or institutioe, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 4 COLOROR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h (Month (Dav (Year) if LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ----mos.....ds. 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE .., 191 5.. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af piace OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _____ yrs, ____ mos. __ ds. Where was disease contracted. KNOWLEDGE If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Mauager," "Dealer," etc., without more precise specistatemeut. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Forcman," As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING INK-THIS IS FOR RESERVED PLAINLY, WITH UNFADING MARGIN WRITE

No. 1.

V. S.

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Village or City Plateurs Plans Paring 21230 2 FULL NAME Faura 6. 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred in a hospitat or institution, give its NAME instead of sireel and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fel Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 Al HEREBY CERTIFY, That I attended deceased from
(Month) (Day), 1848	that I last saw he Walive on See 20, 191
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH * was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Organie Denista
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 Country 15 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sticledal or Homicidal. (Still Means of Injury; and (2) whether Accidental, Still Means of Injury; and (3) whether Accidental, Still Means of Injury; and (4) whether Accidental, Still Means of Homicidal. (Signed) (Signed) (Signed) (Signed) (State) (State) (State) (Signed) (Signed)
(Informant) Cory 6. Mosni (Address) Farge de Zucce, Did Flied Dec 21, 1915 Marshall Blust REGISTRAR	Where was disease contracted, If not at piece of death? Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 21 JANUARY 21 JANUARY 22 JANUARY ADDRESS 16 E VIESTIFF
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Forem:in," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile, factory. mill; (a) Salcsman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Statianary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") nequalified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonilis," etc. State cause for which "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," chopneumonia Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of birth or miscarriage as "Puerperal septichaemia," ctc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important cough; Chronic valeular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ," "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Col-nma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercuretc.), "Dropsy," Never report mere "Exhaustion,"



UNFADING

RECORD

PERMANENT

PHYSICIANS Shows of OCCUPATION properly be may certificate. 50 be back terms, pinous plain Instructions = DEATH ō Item 9 Important. ы Every

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

Ilt death occurred in a hospital or jostitutico, give Its NAME Instead

ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Day Write the word) (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? POCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from WOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. 2 ds. State _____ yrs._ Where was disease contracted. It not at place of death? usual residence DATE OF 15 1220 LAS Filed Tre 3 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asampie: Measics (disease causing affection used not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion,"

2000



V. S. No. 1.

Village or City Toward (No. Endo. 21232) PLACE OF DEATH County Dathinora Co. 21232) Village or City Toward (No. Endo.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pennale White Single, Wilder Wood)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	1913, to 2 9 ,1915, that I last saw h 2 alive on 2 18 ,1915
7 AGE If LESS than 1 day,hrs. ORhrs.	and that death occurred on the date stated above, at 10:12 A m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or Sternographic particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Balto Mal	(Duration) yrs. 4 mos. ds. Contributory Secondary
10 NAME OF FATHER Stine Dowling 11 BIRTHPLACE OF FATHER (State or country) greland 12 MAIDEN NAME OF MOTHER MATHEMATICAL	(Signed) OF CAUSES, State (1) MEANS OF INJURY; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) 4 Cland	At place of death was described by the state of the state
(Informant) August of the Best of My Knowledge	Where was disease contracted, 1321 Eurov Of. If not at place of death? Former or usual residence
16 Filed DC 19, 191 Level Showing	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEL 22

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekcepers mine, etc. neation as Day laborer, Earm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various parsuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient. e. g.. Farmer or Planter. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenless of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 as. affection need not be stated unless important. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State canse for Never report For vio-



	PLACE OF DEATH	STATE OF MARYLAND	
	B-14-	CERTIFICATE OF DEATH	
Co	ounty Callmore 91999	(0)	
	- ALCOU	Registered No.	
	man familia	St; Ward) [it death occurred in	
V	illage or Gity (No,	a hospital or Institution,	
	1 - 1 - 1 -	ot street and number.]	
FULL NAME Sarah Driving			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 88	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH OF 111	
	the a hill willowed which	(Month) (Day) (Year)	
	Mult ORDIVORCED (Write the word)	17/ I HEREBY CERTIFY, That I attended deceased from	
8 D	ATE OF BIRTH	Depule 6, 1915, to Scende 10, 1915	
	Telman 25 1850	Xe-0.12 105	
	(Month) (Day) (Year)	that I last saw h allve on Delining 1915	
TAG		and that death occurred on the date stated above, at 10 g m,	
	6 5 yrs. 8 mos. /6 ds. ormin.?	The CAUSE OF DEATH * was as follows:	
1 4500		aente Judi Classiano	
Xa	CCUPATION) Trade, protession, or Housevile	and Dallity & xhaustin	
	rticular kind of work	Causing Heart for asse	
(b) General nature of industry, business, or entablishment in		6 to 100 ac (Duration) yrs. mos a ds.	
which amployed (or amployer)		9.0 - + 1×0/1	
BIRTHPLACE (State or country) by and and		(Secondary)	
(State or country) Manylang		sere a geam (Duration) yrs mos ds.	
	10 NAME OF My 2 and	la cla la Clarada	
	FATHER MWILLIAM	(Signed) ALDZ GL., M. D.	
IS	11 BIRTHPLACE	Dec 1915 (Address) Harlingh to	
ENT	(State or country) England	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
AR	12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL.	
D	OF MOTHER MULINOST	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
	OF MOTHER (State or country)	ot death yrs ds. State yrs mos ds.	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?	
	Unterment 6 hales. N. Kent	Former or	
	(Informant)	usual realdence	
	(Address) Hamilton had.	19 PLACE OF BURIAL OR REMOVAL	
16	1 1 -11	pallinon de de 15 , 191 J	
FI	100 Sec // 191 V / Laus Grunn	20 UNDERTAKER ADDRESS AND NAC	
111	REGISTRAR	Jos. J. (00) 1002/11/alles	
If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death-Name, first, the disease causing death-Name, first, the disease causing disease accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid procumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purpural scottchaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can-"Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN5-1916 BURBAU,V.S.

WRITE PLAINLY, WITH VIEW ALL SHOULD be stated EXACTLY. PHYSICIANS should state the state item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

Gounty Baltimon 21234	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Vi de word (No	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Windows Windows Or Divorces (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Guly (Month) (Day (Year)	that I last saw hom alive on the 15th 1915.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11
(a) Trade, profession, or School. Tracher (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) St hery; Co. Ini	Contributory Similify Secondary (Duration) 2 yrs mos ds.
10 NAME OF FATHER OF DUKE	(Signed) M. L. Debreg Muxton Bet Co 25
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds Where was disease contracted,
(Informant) It Beneard Orche (Address) Ricles avovy, Mich.	it not at place of death? Former or JUSTIAL TRANSPORTED THE PLACE OF BURIAL OF REMOVAL Deouardown here here here here here here here her
Filed Put. 19. 191. 5 Strucy Q. Naylor REGISTRAR If more blanks are needed, address State Regis	Chas T Evacus V Son (19 W mt Royal 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. affection need not be stated unless important. etc. The contributory (secondary or intercurrent) uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJUBY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



OCCUPATION PHYSICIANS RECORD RMANENT EXACTLY. BINDING stated Exa pe O shoul properly AGE ERVED supplied. pe may that MARQIN terms, should plain Information 2 EATH jo 0 ы CAUSI

certificate.

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instructions

mportant.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred le Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PARTICULARS PERSONAL AND STATISTICAL 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, ORDIVORCED (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR 7 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER/ 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the ... yrs. mos. .. State Where was disease contracted, If oot at place of death?. Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 .. 191: 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Housewife, Housework, or At Home, and children, not minc, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measies affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," (name origin; "Can-"Exhaustion,"



N. B.

PLACE OF DEATH 1 21236	STATE OF MARYLAND
1391/1	CERTIFICATE OF DEATH
County All More	Registration Dist, No. 39
Village or City Jacksonners	St.; Ward) [If death occurred in
FULL NAME SLIJE	a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rale Color of Race & Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Dec Z2, 1915 (Month) (Day (Year)
B DATE OF BIRTH	Alea 10 1915 to Alea 23 1915.
unknown, 1	that I last saw h 2000 alive on All 27 1915
(Month) (Day (Year)	and that death occurred on the date stated above, at 9 m.
90 1 day,hrs.	The CAUSE OF DEATH* was as follows:
POCCUPATION JEE MOS JEE MOS JEE MIN. ?	- A A A A A A A
(a) Trade, profession, or particular kind of work Fairs Falser	Desse Sygerlestly / rolate
(b) General nature of industry, business, or establishment in which employed (or employer)	man (Ouration) drs mos. ds.
9 BIRTHPLACE (State or country) Porants Co	Contributory Musika Secondary
10 NAME OF FATHER	(Signed) Manufacture M. n.
11 BIRTHPLACE	- Dagg, - Plant, It-
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF IN deaths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
tavita, test arec	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs, mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Charles Edurates	Former or usual residence
(Address) Rhowing BFD.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	mt any Deers 1915
Filed Dec 24, 191 5 Jo H. Enry M.	20 UNDERTAKER ADDRESS .

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the oeeupation has should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequenees (e. g., such, if impossible to determine definitely. Examples: mia," "PUERFERAL peritonitis," etc. State eause for nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viocte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion,"



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Baltimor action	certificate of death
21237 / dans	Registration Dist, No.
Village or City Out (No	St.; Ward) a hospital or Institution, give its NAME instead
2FULL NAME William nathain	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX WOLD 4 COLOR OR RACE SINGLE, MARRIED WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
21 Nov 1915	, 191, to, 191,
(Month) (Day 1911 (Year)	that I last saw h
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs 2 & ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	Duffocation (accidental from
particular kind of work	Med Clothing)
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Baltmare Co md	Gontributory
1D NAME OF FATHER LIME &	(Signed) Daniel of Rt. Thoo Series M.D.
11 BIRTHPLACE OF FATHER (State or country) Warth Carlina	12/19/15 , 191 (Address) Drivour, ml
M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
a saho Odergman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) VA	At place In the ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) W. n. Educato	Former or usual residence
(Address) O (SULA) mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled De 19,191 Land Jump	20 UNDERTAKER ADDRESS
REGISTRAR	John Burns Sons Dousson,
If more blanks are needed, address State Regis	trar CV Franklin St Ratto Bushasting V C No 4

[Approved by U. S. Census and American Public Health Association.]

applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitt; (a) Satesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meaumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of tungs, meninges, peritonaeum, etc., Carcin-

uant ncoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal scotichacctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," affectiou need not be stated unless important. vatvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of...... (name origiu; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertakeu. For viomia," "Puerperal peritonitis," etc. State cause for cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Collapse," "Coma," "Convulsions," "Debillty" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the such, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measies (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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No.	
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0 0	1 PLACE OF DEATH	STATE OF MARYLAND
AN	court (2 alls. 21238 (5)	CERTIFICATE OF DEATH
SICIAN	County	CERTIFICATE OF BEATH
Site	h	Registration Pist. No.
PHY sta	Village or City(No. 3 4 30	Tel luce that [If death occurred in
0	(IIII)	a hospital or institution,
Exa	² FULL NAME	ndlad of street and number.]
ACT ed.	- FULL NAIVIE	
EXACTLY sified. Ex	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
22	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Nee. 23 1015
10	White WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
perlicate	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
0 -	lle, 23,915	, 191, to, 191,
should be pre f certif	(Month) (Day) (Year)	that I last saw halive on
10 100	7 AGE If LESS than	and that death occurred on the date stated above, at
SE A	1 day, hrs.	The CAUSE OF DEATH * Was as follows:
	yrs	five weeks gestation
that.	OCCUPATION (a) Trade, profession, or	buterrunted by mother
s, so that	particular kind of work	overlitting.
sul stile	(b) General natore af industry business, or establishment in	
ally s brms truc	which employed (or employer)	(Dufetion) yrs. mos. ds.
refu n te inst	BIRTHPLACE (State or country)	Secondary
0 0	Ina.	(Burellon) yrs. mos ds.
De c	10 NAME OF ATTHER	(Signed) /m//elso/Mile, A.O.
Hank	11 BIRTHPLACE	191 (Address) 1819 n. Charles
ion shou F DEAT Importa	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAID	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
DE	C 12 MAIDEN NAME)	CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL.
	of MOTHER CARRIE X Jolhas -	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
EMS	13 BIRTHPLACE	OR RECENT RESIDENTS) Al piece In the
o v	(State or country)	of doethyrsmesds. Stete,yrsmesds.
ON O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes dissess contrasted, If not at place of death?
ctL	(Informant) Whanst Ondress	Former er
ary iten	Que Blos Al	sexal residence
720	(Address) 3430 USLI UU Va.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every	16	reserved to U. of W. for 191
e e	Filed 12 12 7 , 1915	30 UNDERTAKER ADDRESS
Z.	REGISTRAN	Mualominal physoles.
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," especially in industrial employments, it is necessary to For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, meanin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere nephritis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

on Nomenclature of the American Medical Association.)



V. S. No. 1.

Vitlage or City Cauton (No. 60)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1241, SEach Cast.: Ward) [it death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 1 Mot Grown (Month) (Day (Year) 7 AGE 1 ILESS than 1 day, hrs. 1 day, hrs. 1 day, hrs. 2 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the December of the Stephen of the S
Filed De. 2/, 1912 Cle The Vanale REGISTRAR 9	Socred Heart Ceret Dec 22 1918 20 UNDERTAKER LOVES J. Juries Broadway crar, 6 E. Franklin St., Balto., Requesting V. S. No. 17 Shires

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) eases, especially in industrial employments, it is necapplies to each and every person, irrespective of ago Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, For many occupations a slugle word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (c. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg ture of the American Medleal Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," (Recommendations on statement of ete.), "Dropsy," "Exhaustion," Never report For Vio-



BINDING

FOR

RESERVED

MARGIN

CIANS ment of	county Caltinume 21240	STATE OF MARYLAND CERTIFICATE OF DEATH
CTLY PHYSICIAN Exact statement	Village or City Mr. Hashingtono. South	Registration Dist. No
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DI	16 DATE OF DEATH Animon (Month) (Day) (Year)
AGE should be st it may be properly sack of certificate.	TAGE. Stonth) (Day) (Year) 1 day, hrs. OR min.?	that I last saw hame alive on the date stated above, at The CAUSE OF DEATH * was as follows:
refully supplied. in terms, so that instructions on	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Cyprostation True mos. de Contributory Cyprostatio Americana
ormation should be ca ISE OF DEATH in plai very important. See	10 NAME OF FATHER That I want of the state of country of the state of the st	(Signed) (Signed) (Signed) (State the Disease Causing Drath, or, in deaths from Figure Causes, state (1) Means of Injury; and (2) whether Accidently Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State, yrs. mos. de
B.—Every item of info should state CAU OCCUPATION is	(Address) Washing on History 1. 15 Filed De 4, 181 Dry Jacobs 12 Character 15	of death yrs. mos. ds. State, yrs. mos. de Where was disease contracted, if not at place of death? Former or usuet residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL OF CONTRACT 20 UNDERTAKER HOWLENKENS None Co SIE CULLON OF CAR
ż	If more blanks are needed, address State Registrar,	70-00,000

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil cugineer, Stationary freman, etc. But in many cases, mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, various pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, surgical operation was undertaken. For violent deaths head-homicide; Struck by to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "Puerperal peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uramia," "Weakness," genital," "Senile," etc.), "Dropsy," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valuatar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping railway train-accident; Revolver The contributory (secondary or intercur-Poisoned by carbolic ocid-probably State cause (Recommendations Never report merc "Atrophy," "Exhaustion," for which mound



80	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTEN PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
RECO	EXAC
A PERMANENT	should be stated be properly class
HIS IS	AGE it may
UNFADING INK-TE	plain terms, so that See Instructions on
LAINLY, WITH	OF DEATH in
WRITE P	uld state CAUSE
	N. B.—Eve
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cour	PLACE OF DEATH 21241 Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Bay View Asylum (No. CITY H	OSPITAL Registration Dist. No. 41 St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WICOWED OR OLVORCED (Write the word)	December 17th /9/ (Month) (Day) (Year)
pa (h bu: wh	(Month) (Day) , 7 831 (Yoar) E	that I last saw her alive on December 17th, 1915 and that death occurred on the date stated above, at 1.05 The CAUSE OF DEATH * was as follows: Senility Contributory Browcho pressure of
RENTS	10 NAME OF PATHER Peter Wolford 11 SIRTHPLACE OF FATHER (State or country) Virginia 12 MAIOEN NAME	(Signed) (Signed) Dec. 17th, 1915. (Address) CITY HOSPITAL. State the Disease Causing Drate, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
14 TI	OF MOTHER Lettie (unknown) 13 BIRTHPLACE OF MOTHER (State or country) Virginia IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) Al place la the of death yrs3 was. 8 de. State, yrs. mae. d Where was disease contracted, if not el place of death? Former or useal residence 410 Parish St.
15 File	(Address) 6.12/15, 1915. Miria an Ball Degistrar, If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL AUTE 120 UNDERTAKER BRY 1828 Rulls.





[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . on Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS eause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness, "Anacmia" symptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intereurcarbolic acid-probably "Atrophy," "Colwound



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

carefully supplied. may be

certificate.

DEATH in plain terms, See instructions on back of Information should

CAUSE OF Important.

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properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

21242

(No.....



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;Ward)	a hospital or institution give its NAME instead of street and number.

FULL NAME DElia Treeney	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH DEC 20, 1915. (Month) (Day (Year)
B DATE OF BIRTH /874	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 520 20 1915. What I ast saw here allive on 57EC 20 1915.
(Month) (Day (Year)	
7 AGE 1 If LESS than 1 day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	X
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Cleronic Subsertitus Malenti
State or country) Solary	Secondary (Duration) yrs 5 mos 5 ds
10 NAME OF FATHER WY Fizzurg	(Signed) B. Jr. Burry M. V. M. D. DEC. 21, 1915 (Address) Jessey M. D.
OF FATHER (State or country) Saland 12 Maiden Name of Mother Of Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEN, state (1) MEANS OF INJURY; and (2) whether Acciden TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Souland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Many Concerns	Where was disease contracted, If not at place of death? Former or usual residence.
(Address)	Basia Bran De 19 19 19 19 19 19 19 19 19 19 19 19 19
Filed DEU 23 , 1915 137 13 Wassey Mad) REGISTERANT.	My Maley Son Baltonin

If more blanks are peeded, address State Registrar, 6 E. Franklin St., Bulto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago. should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

genltal," "Senile," etc.), nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canwhich surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a defluite disease can be ascertained as the mere symptoms or terminate community, "Atrophy," thenia," "Auaemia" (merely symptomatic), "Atrophy," valuation heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as cause. hus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Brouchopneumonia (secondary), 10 ds. Never report fection need not be stated unless important. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) symptoms or terminal conditions, such as "As-Always qualify all diseases resulting from Mcaslcs (disease causing death), 29 may be stated under the head of (Recommendations on statement of "Dropsy," The nature of the "Exhaustion,"



UNFADING INK-THIS

carefully supplied.

-Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

WRITE PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

N. B.-

1	PLACE	OF	DEATH
ounty	3a	lta	more
	RAD		

Village or City

21243

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

S	t.;	1	W	ar	d
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[It death occurred in a hospital or institution, give its NAME instead of street and number.

Ournes millo (No.

FULL NAME CASSAL SOLSO	n Frys
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7) ale Colored (Wite the word)	18 DATE OF DEATH Lecember , 1915 (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Ellegitimate, INFANT/Month) (Day (Year)	that I last saw h alive on, 191,
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, protession, or particular kind of work	after virusing rusinains and questions whenever decided inquist rusinains
business, or establishment in which employed (or employer)	(Ouration) yrs. mos ds.
State or country) Baltanes m.l.	Contributory Mal Antaitation
10 NAME OF Bennix Harris	(Signed) Jubut H. Harker coroner, H. D.
11 SIRTHPLACE OF FATHER (State or country) // 7 Hold St Balto md	TO CAUGED, SLALE (I) MEANS OF INJURY: AND 121 Whather According
Q 12 MAIDEN NAME OF MOTHERS applies M Yiggs	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENSE
13 BIRTHPLACE OF MOTHER (State or country) Ballmor Country	At place In the ot death yrs mos ds State yrs mos ds
(Informant) PMA & Sugar	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Chings Mills Md	nt Oleannt Cemetery Ser 3 1965
Flied S. 1915 N. J. Shifts	Frandfattury wild Ourner mill.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Fianter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Can ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustlon," State cause for Never report



RESERVED FOR BINDING MARGIN

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 21244	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Highland 3012	Registration Dist. No. All [It death occurred in
Village or City Right and (No. 3917	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
2FULL NAME Man V. His	Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single, MARRIED, Willower, ORDIVORCEO, O	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her allve on Dec 4 ,1915
7 AGE It LESS than	and that death occurred on the date stated above, at 650 P. m.
yrs	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	P1, P
(b) General nature of industry, business, or establishment in	Loudar meunous
which employed (or employer)	(Duration) yrs mos. 7 ds,
State or country) Maruland	Secondary
10 NAME OF FATHER	(Boration) yrs mos ds.
John Millians	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER	(1000)
12 MAIDEN NAME OF MOTHER SUPPLIES BY DESCRIPTION OF MOTHER SUPPLIES BY DES	*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT BESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Maruland	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Tophie K. Milliamy	Former or usual residence.
(Address) 3917 6. Patt 1.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 9 110 A AMAIN	Mount Garnel lades 7 1915
Filed Del 6, 1900 CE My Caurage	ADDRESS ADDRESS
REGISTRAR	Of Januer Jour 1710 Kleet Il
It more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

r J



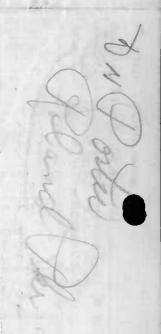
1 PLACE OF DEATH

County 21245	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City All Karlington Lane	Registration Dist. No. 38 [If peath occur a hospital or Instit give its NAME in ef street and sum
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MCC. (Month) (Day) (Month) (Day)
7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. or min.?	that I last saw her alive on Dec 29 11 and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Exhaustian Secondary about
10 NAME OF FATHER (7) Scribly 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (8) MOTHER (9) MOTHER (10 NAME OF MOTHER (11 Security) (12 MAIDEN NAME OF MOTHER (13 Security) (14 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Informani)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death
(Address) Into grashing ton 15 Filed La 30, 1815 M. J. T. O. L. REGISTRAR	19 Phace of Burial or REMOVAL DATE OF BURIAL 20 UNDERTAKER Martin Faller + Ins 60611 Lala
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery: (o) Foreman, is provided for the latter statement; it should be used husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopmeumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-



on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated genital," suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-Struck to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perdonilis," etc. birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia' (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic nabular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... rent) affection need not be stated unless nephritis, etc. by railway troin-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-"Puterperal septichoemia," State cause for which "Atrophy," ACCIDENTAL, important. -probobly



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CAUSE OF Important.

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OCCUPATION IS

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RECORD

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in St.:....Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) (Day) OROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 191 . to that I last saw h ... (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) 20 which employed (or employer) -----Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed FATHER (Address) 11 BIRTHPLACE Z OFFATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) ARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs, Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho receive Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never a definite salary), may be entered as return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) childbirth or miscarriage. as "Purrement scptichac-.oma. Sarcoma. etc., of such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," 'Traemia," "Weakness," cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the bead of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of hand-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Kart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Meastes; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measies (disease causing death), 20 "Senile." etc.), "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



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PERMANENT

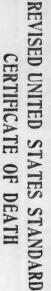
IS A

WRITE PLAINLY, WITH UNFADING INK-THIS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Z. B

Village or City Andlestons (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Genal 4 COLOR OR RACE 5 SINGLE. MARRIED. Market Whote ORDINORFEE (Write the word) B DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915 to 25 1915 that I last saw h. 12 alive on Dec 25 1915
7 AGE 2 9 yrs. 2 mos. 6 ds. or min.? Coccupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	and that death occurred on the date stated above, at 6 °C m, The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER TANKEY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) W- Va,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mcs ds. Where was disease contracted.
(Informant) Fine to the Best of My knowledge (Informant) Fine Coyle (Address) Fullerlow Fine (Address) Filed Sec 26, 1915 Filed Registrant If more blanks are needed, address State Registrant	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS WILLIAM ADDRESS WILLIAM ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mara" "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ver" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can "Exhaustion," Never report For viod8.



V. S. No. 1.

6

PLACE OF DEATH County Batting 21248	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3.7
Village or City Innau (No. 2.7) 2 FULL NAME Harry Frame	Manyfand St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) Der (Day) 21 (Year)
6 DATE OF BIRTH 20 21 19/5	HEREBY CERTIFY, That I attended deceased from
7 AGE Stice builte 1 day.hr	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) mushed for Save an 6	
9 BIRTHPLACE (State or country) Baltin by md	Contributory Secondary (Burstlen). yrs. mos. de
10 NAME OF Lawre At Fragiers	(Signod) Dr 95 Burn M.
Z OF FATHER (State or country) Ball by 1 ms	* State the DINEASE CAUSING DRATE, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER many Enchaet 13 BIRTHPLACE OF MOTHER (State or country) Balli bo . M.	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ef death yrs. mes. ds. Stats, yrs. mes. ds
(Intermant) Many Frances	Where was disease controlled, If not at place of death? Former or usual residence
(Address) Lissamin Balli bo M	Ing - Green Date of Burial
Fled Dar 23 1916 BR Rensm WM.	

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUEHPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichuemio," cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of when a definite disease can be ascertained as the by railway train-accident; Revolver State cause for which Never report mere "Atrophy," wound





N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED MARGIN

PLACE OF DEATH	STATE OF MARYLAND
21249	CERTIFICATE OF DEATH
County	142
2/20 -	Registered No.
Village or City Halleton pe (No. Wro.	St; Ward) [If death occorred in a hospital or institution.
6 0 9	give its NAME instead
FILL NAME JONAL COM	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH WE ST 1015
Wildle Wide (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Och 184V	1915, to 02 M, 1913,
(Month) (Day) (Year)	that I last saw h. A alive on W Both 1915
⁷ AGE If LESS than	and that death occurred on the date stated above, at 300 m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos, ds. QRmin.?	
(a) Trade, profession, or	Thomas mushball rephylls
particular kind of work. (b) Genoral nature of industry,	
business, or establishment in	Or least (Duration) D yrs mos (s.
which employed (or employer)	Contributory Chebral Caemper Core
State or country	(Secondary)
10 NAME OF	record to the contractor yes mes 6 ds.
FATHER M.O.O.	(Signed) Mu he o Neutro M. D.
11 BIRTHPLACE	Lee 1, 191 5 (Address) Stalet on my
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH OF In deaths from Francis
L 12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a of Mother South Carbon	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Interment this hilling the grown	Former or
Nilot as mid	usual residence.
(Address). Whitelett	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Mount ciny ma see 3 791.5
Filed See 2, 1915 . Tull.	20 UNDERTAKER ADDRESS
REGISTRAR	Leo a leovey Ball Hays
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vremia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUEEPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conampie: Meastes (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



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PHYSICIANS

RECORD

STATE OF MARYLAND PLACE OF DEATH 21250 CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in a hospital or institution. give its NAME instead of street and number.] * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE MARRIED. WIDDWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 10 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? POCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Duration) yrs mos ds. 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE it not at place of death? Former or usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marastbenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 terminal conditions, such as "As-(name origin; "Can-Examples: For VIO-



RMANENT AGI of DE OF Every Item CAUSE OF Important.

PHYSICIANS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N. [If death occurred in St.: Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVERCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) 7 AGE It LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH * was as follows: 9 OCCUPATION (a) Trade, protession, or Mone particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State vrs. mos Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL 15 ADDRESS

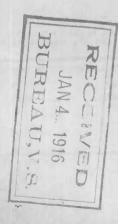
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinospical death of the carcinospical deat

cause of death approved by Committee on Nomencla mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "l'unement scotichaemus," "Old Age," "Shock," "Traemia," "Weakness," "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medicai Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent (name origin; "Can Examples:



	Y. PHYSICIANS	rect statement of	/
WRITE PLAINLY, WITH UNFADING INK-IHIS IS A PERMANENI RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.

N.B.

Count	PLACE OF DEATH Baltimore	21252	(%)	STATE OF MA CERTIFICATE O	
			-	Registration Di	st. No. 41
Villag	ge or City Bay View As	No. Harriet		OSPITAL St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STAT	ISTICAL PARTICU	LARS	MEDICAL CERTIFICATE	OF DEATH
3 SE)		E SINGLE, MARRIED, WI WIOOWEO WI OR OIVORCED (Write the word)	dowed	16 OATE OF DEATH December (Month)	(Day) (Year)
-	emale Black	fonth) (Day)	, 1.842 (Year)	December 22nd ₉₁ 5, to December 2nd ₁₀ 5, to	cember 23, 191 5
7 AGI	E 73	mosds.	if LESS than 1 day, hrs. OR min.?	and that death occurred on the date st	tated above, at 4 Por
bus which	dicular kind of work General nature of industry iness, or establishment in the employed (or employer) RTHPLACE (State or country)			Contributory Secondary	derlines mos
	10 NAME OF	vis Travis		(Signed) C-Q-H-R	yrs mos
RENTS	11 BIRTHPLACE OF FATHER (State or country)	Maryland		*State the DISEASE CAUSING DRATH, OF CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	, in deaths from Violent (2) whether Accidental,
PA	13 BIRTHPLACE	arity Reed Maryland BEST OF MY KNOWL	EDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the	INSTITUTIONS, TRANSIENT
	(Informant)		**************************************	Former or usual residence 628 Bethel St. 19 PLACE OF BURIAL OR REMOVAL	
16 File	(Address)	Miriam	Baer	20 UN OERTAKER 18 W. Saratoga St., Balto., Requesting V. S. No.	1239 101.5 235 N. Bond



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Mcdical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anacmia" rent) affection need not be stated unless important. (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurg., sepsis, tetanus) may be stated Never report mere "Atrophy,"



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SICIANS should state occupation is very	VIIIage or City St. agree Hypopital	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or lostilution, give its NAME instead
PHYS of O	2FULL NAME Mr. Mathaw B	Gardiner of street and number.]
Y.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXACTL id. Exact statem	Male White Single, Wipowed, ORDIVORCED (Write the word) Married G DATE OF BIRTH August 30, 1865	16 DATE OF DEATH Dec 3/, 1915
should be	7 AGE (Month) (Day (Year) 1 LESS fhan 1 day,hrs. 0 yrs 4 mos 0 cm min.?	and that death occurred on the date stated above, at
ully supplied. AGE it may be proper lifeate.	(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos / ds. Contributory Hastraic Ulcla-perforation
n should be careful ain terms, so that is on back of certif	10 NAME OF FATHER Nathan Gardiner 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Cauring Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Item of Information E OF DEATH in pla ant. See instruction	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mins Berelius	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 2730 W. Comband S.
N. B.—Every CAUSE Import	Filed St. 31 1915 Welling Delinder REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 2530 W. Lowbord To Marker 191, 191, 191, 191, 191



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSINO DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupathus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired, 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. ture of the American Medical Association.) by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of State death), 29 ds.; cause for



county batto 21254	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Keas woodlawa ,/	Registration Dist. No. 3/
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Whele Single, Married, Widowed OR DIVORCED (Write the word)	(Month) (Day) (Yes
6 DATE OF BIRTH (Month) (Day), 196 (Yes	Thereby Certify, That I attended deceased for the state of the state o
7 AGE If LESS 1 1 day,	ihan and that death occurred on the date stated above, at .10.1
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry	Certal Hemorks
business, or establishment in which employed (or employer) BIRTHPLACE	Contributory Secondary
10 NAME OF FATHER LITTURE GETTER	(Signed) (Buration) yre mes
11 BIRTHPLACE OF FATHER (State or country) (State or country) (12 MAIDEN NAME	2 2 191 (Address)
OF MOTHER UNKnowen 13 BIRTHPLACE OF MOTHER (Rete or country) Unknowen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS) At place in the et death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contrasted, if not at place of death?
(Address) Woodlawn Ma	Rustualour lemb, Dec 24, 191. 20 UNDERTAKER 20 UNDERTAKER ADDRESS
Filed 1923, 1915 A John Pregistra	trar, 16 W. Stratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ctc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uras mia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

S. No. 1.

RECORD PERMANENT A WRITE PLAINLY, WITH UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. N. B.—Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. 1 PLACE OF DEATH

Village or City.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 42
		E # 0 1 10000000000000000000000000000000

[if death occurred in a hospital or institution,

FULL NAME Still Com Jufank	Scatzel give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH TECHNIC 13 , 1915 (Month) (Day (Year)
OMATE OF BIRTH Ween 13, 1915 (Month) (Day (Year) 7 AGE	that I last saw has alive on See 13 ,1915.
OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: Stall beans, about 8 mouth
(5) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Sychilis ?
10 NAME OF FATHER Solution 11 BIRTHPLACE OF FATHER (State or country) But Co. Manyland	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af piace In the of death yrs mos ds Where was disease confracted,
(Informant) mes John R-Eslertzel (Address) 2965 Friell an Bult ma	If not af place of death? Former or usual residence
Filed les 14 1915 Mally of Ostenelul	20 UNDERTAKER C. W. Liel trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (b)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, State cause for



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PERMANENT

1 PLACE OF DEATH SICIANS should PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) Widowed 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. 216 OR min. ? properly BOCCUPATION AG (a) Trade, protession, or particular kind of work supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 80 to 11 BIRTHPLACE ENT OF FATHER (State or country) AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER & OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country) of Inform yrs. / mos. 22 ds. metria Where was disease contracted. It not at place of death? OF Every item CAUSE OF Important. 16 20 UNDERTAKER Walling m

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

[If death occurred in

a hospital or lostitution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Dav I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at... (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the

ADDRESS

State yrs, ____

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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	SE SE
	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PARENTS

particular kind of work. (b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

1 PLACE OF DEATH County Baltimore 21257 Registration Dist. No. Park Heights Ave. (No above Wylie Ave. Village or City Arlington FULL NAME Julia A. Goodwin PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE | 5 SINGLE, 16 DATE OF DEATH MARRIEO, Widow WIDOWED. ORDIVORCEO (Write the word) White Female 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR 7 OCCUPATION (a) Trade, profession, or At Home

STATE OF MARYLAND

CERTIFICATE OF DEATH

Ilt death occurred la St .:Ward) a hospital or Institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from , 1912, to Ke 100 that I last saw h alive on 12 /2 191 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: intmio Schoniss Contributory. . 1915 (Address) 24 20 Biddle SI *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL,

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT

OR RECENT RESIDENTS)		
At ptace of death yrs mos ds. Where was disease contracted,	In the State y	rs, (

If not at place of death?.....

usual residence.

19 PLACE OF BURIAL OR REMOVAL Cathedral Cemetery

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Lanklin St., Balto, Requesting V. S. No. 1.

(Address) 14 S. Calvert St. 15 Filed Dec. 16 1915 mm. J. D 1111

which employed (or employer)

Ireland

Ireland

Ireland

Do not know

Patrick Barrett

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Richard T. Goodwin



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations guinfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: uess. If retired from hasiness, that fact may be indicausing nearly, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Preelse statement of occupais very important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Гогенан," (6)

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 21258	STATE OF MARYLAND CERTIFICATE OF DEATH
County 100 Clo	
p t	Registration Dist. No. 30
Village or City Colousvelle (No.	Fredk, Carest.; Ward) [It death occurred in a hospital or institution,
	give its NAMF instead
FULL NAME James aug	ustus Sover ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Dec 26 1016
wind widowed, suigh	(Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Due 24 , 215	1914, to NUC A4, 1914,
(Month) (Day (Year)	that I last saw h Mallye on Buck and 1914
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, protession, or	Failure of Faramen Oralo
particular kind of work	to class
(b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds.
which employed (or employer)	Contributory
State or country) Ballo, Co, Wid	Secondary
10 NAME OF James Games	(Signed) D. W. Stully M. D.
11 BIRTHPLACE	Dec 26, 191 h (Address) Caputacelle fred
11 BIRTHPLACE OF FATMER (State or country) Haward Ceo. Cud 12 MAIDEN NAME OF MOTHER EXECUTED THE HARMAN AND THE COUNTRY OF MOTHER EXECUTED THE HARMAN AND THE COUNTRY OF MOTHER EXECUTED	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Exercitta Lucling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Freak Ro. Wal	of death yrs ds. State yrs ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) James Seaves	Former or usual residence
(Address) Ceatanswelle lud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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Filed Dac 26, 1915 thanhall 13 wast	20 UNDERTAKER O ADDRESS
REGISTRAR	Coston sous. Ellesett al
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916
BUREAU, V.S.

PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number. RECORD EXACT classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH 3 SEX stated MARRIED. PERMANENT 1914 MIDOWED OR OIVORCED (Month) (Day) proporty certificate 6 DATE OF BIRTH 191 8524 cuid 99 (Year) Sh 0.1 TAGE If LESS than may date stated above, at I.I 1 day. hrs. back C mis. ? OR K 2 E that plain terms, so that See instructions on supplied (a) Trade, profession, er Poarticular kind UNFADING carefully which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF 0 c 2 WITH pino Important. ATH PARENTS 11 BIRTHPLACE (State or country) State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT PLAINLY. 69 fal CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 2 0 12 MAIDEN NAM SUICIDAL OF HOMICIDAL. BL 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN of Informati Very ON RECENT RESIDENTS) 13 BIRTHPLACE ш At pieca la the SO OF MOTHER (State or country) 10 of deathds.ds. . YTS. should state CAI CA Where was disease contracted, 14 THE ABOVE if not al stace of death? usual residence (Address) 15 0 Z If more blanks are needed address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthfulstate occupation at beginning of illness. employed, as At school or At home. Carc should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa--Coal mine, etc. the second statement. Never return "Laborer," Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of..... DITTH OF MISCARFIAGE AS "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tctanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of The contributory (secondary or intercurcarbolic acid-probably ("Con-



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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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	what not known	that I last saw hell allyeon Dee 15th 191
TAI	(Month) (Day (Year) GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1.15 % The GAUSE OF DEATH* was as follows: Mania Celule - Depression Lype
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STATE OF MADVI AND

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[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman." (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenless of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclavalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Coutributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, ctc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



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S. No. 1.	. B.—Every item should state	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MIS O. E. LISEN (Address) Howard Park, 15 Flied Dec 13, 1915 Marshall B Mrsh REGISTRAR
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If more blanks are needed, address State Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

St.; Ward)

Tif death occurred in a hospital or institution, give its NAME instead of street and number.]

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[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus; Farmer (relied state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fremunt, ste. But in many cases cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question especially in industrial employments, it is necessary to For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopheumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUTERPERAL peritonitis," etc. State cause for which birth or misearriage as "PTERPERAL septichumia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopucumonia (secondary), 10 ds. Never rent) affection need not be stated unless important. mephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.: Bron-Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," report mere



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 8 Bouldin St. Ilt death occurred in Village or City. a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH MARRIED, WIDOWED, Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h. S. alive on (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at USOFm. t day. hrs. The CAUSE OF DEATH* was as follows: OR min. ? OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) of Mother (State or country) At place of death ____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ___ ds Where was disease contracted. KNOWLEDGE it not at place of death?.. Former or usual residence. 19 PLACE OF BURJAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a defiuite disease can be ascertained as the geuital," "Senilc," ctc.), theuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. valvular heart disease; Chronie interstitlal nephritls. sepsis, totanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viocause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditious, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	Every Item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme
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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 289 [It death occurred in a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Day) ORDIVORCED (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at! 1 day, 6 hrs. The CAUSE OF DEATH * was as lollows: OR 7 8 CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. mos. Where was disease contracted. If not at place of death?. Former or usual residence needed, adul State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Arample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name orlgin; "Can-Examples: For vio-



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	PLACE OF DEATH 21264 The state of DEATH The state of DEA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41 St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 se	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	December 8th 1915 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
pa (b bu wh	(Month) (Day) , 7 865. It LESS than 1 day, hrs. 50 yrs. mes. ds. OR min.? CCUPATION 1) Trade, pretession, er riticular kind of work 1) General nature of ladustry siness, or establishment in lich empleyed (er emplayer) IRTHPLACE (State or country) Germany	that I last saw h im alive on December 8th, 191 5 and that death occurred on the date stated above, a 5.07 All The CAUSE OF DEATH * was as follows: Lubracute Endo carditis, aortic and mitral; aortic Stenovis r in dufficiency: myocardial in dufficiency: myocardial in dufficiency: myocardial in dufficent formation of the secondary of the seconda
TS	10 NAME OF George Gumpman	Dec. 8th 1915 (Address) GITY HUSETTA M. D.
PARENTS	OF FATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER Unknown	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicioal or Homicioal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 TI	13 BIRTHPLACE OF MOTHER (State or country) GETMANY HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place of death yrs. 1 mes. 11ds. Stats, yre. mes. ds. Where wes disease contracted, if not at place of death? Former or usuel residence West Arlington
16 Fil	ed 28 , 191 5 Miriam Registran If more blanks are needed, address State Registrar,	PLACE OF BURIAL OR REMOVAL DAYE OF BURIAL 10 PLACE OF BURIAL OR REMOVAL DAYE OF BURIAL 10 PLACE OF BURIAL OR REMOVAL ADDRESS MANUAL 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line business, that fact may be indicated thus: Farmer (retired write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Dobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of cause. Always qualify all diseases resulting from ehildon Nomenclature of the American Medical Association.) or miscarriage as "Puenpenal septichaemia," "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all queetions (answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Te certificancia boundaran'i mon

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PHYSICIAMS should state of OCCUPATION As very RECORD FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDDWED, BINDING ORDIVORCED (Write the word) stated DATE OF BIRTH classified. be (Month) (Day (Year) 7 AGE should if LESS than FOR INK-THIS 1 day,....hrs. properly OR 7 AGE BOCCUPATION (a) Trade, profession, or ESERVED particular kind of work. supplied. 90 (b) General nature of industry, UNFADING business, or establishment in which amployed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it r 10 NAME OF FATHER 00 ö MARGIN WITH pe ARENTS DEATH in plain terms. 11 BIRTHPLACE pinous OF FATHER (State or country PLAINLY. 12 MAIDEN NAME OF MOTHER of information 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE IS Sea CAUSE OF Important. S (Address) ---15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin ., Balto., Requesting V. 8

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.
ter twe Belair Pd, [if death occurred in a hospital or institution,
M. Sunther give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH WEETH. 11 , 1915
(Month) (Day (Year)
auf 24 1915 to DEC 17 1915
191.0., to
that I last saw h alive on DEC 1910
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Jan
Chaustion

(Duration) yrs mos 2 ds.
Contributory & whereal
Secondary (Duration) yrs 3 mos 18 ds.
(distribution)
DEC 191 J (Address) Nov 1 6. Monny of
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place In the
ot deathyrs mos ds. State yrs, mos ds Where was disease contracted,
if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
MY Carmel Dec 14 1915
20 UNDERTAKER, ADDRESS 2016

No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers it should be used only when needed. As exam, (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive sugmeer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Can-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5- 1916 BURLAU, V.S.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD BINDING UNFADING INK-THIS IS FOR RESERVED PLAINLY, WITH MARGIN WRITE

N. B.-

1 PLACE OF DEATH

County Balt 21268 6	CERTIFICATE OF DEATH
h	Registration Dist, No. 460
Village or City Baldwin (No	St.; Ward) [If death occurred to a hospital or lostitution, give its NAME instead
2 FULL NAME Margare	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH Aug 16, 19/5 (Mong) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 2000, 12, 1915, to 2000, 1, 1915, that I last aaw here alive on 2000, 1915
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 8 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Whooping Cough
business, or establishment in which employed (or employer)	(Duration) yrs mos 2/ds.
State or country) Jose Md.	Contributory Capilery Rueumining Secondary
10 NAME OF James Hagain	(Signed) Goration) yrs mos 4 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 Mailer on NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENT
a mule Manahan	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
(Interment)	Where was disease contracted, If not at place of death? Former or
(Address) Baldura Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec. 3, 1915 - J. J. H. Gusuch.	30 UNDERTAKER ADDRESS A
REGISTRAR T more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto-, Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mid" "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"genital" injury, as fracture of skull, and cousequences (e. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of tbenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical A sociation.) cause of death approved by committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumoniu (secondary), 10 ds. affection need not be stated unless important. LENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from L'easle. "Senile," etc.), (disease causing death), 29 ds.; determine definitely. Examples: or Hamicidal, or as probably "Dropsy," "Exhaustion," Never report



	PLACE OF DEATH			STATE OF MAI	RYLAND
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Cour	my COOCO COOCO		111	O postantina Dia	1 No 32
	4	411/1	Ala.	Registration Dis	74 16V1
VIIIa	ge or City.	(No TTVal	re office	Ward)	[If death occurred in a hespital or institution,
		a latte	8/10		give its NAME instead of street and number.]
	2 FULL NAME UUS	wein	Nac	<u> </u>	of Street and Rampot.
	PERSONAL AND STATISTICAL PA	RTICULARS	IV	MEDICAL CERTIFICATE O	F DEATH
355	CX 4 COLOR OR RACE 5 SINGLE MARRIE	D, '	16 DATE OF DE	ATH Alle	. 23 1915
Je	male White OR DIVO	PREA /// AT AT	17 . A I HER	(Month)	(Day) (Year)
6 DA	TE OF BIRTH	1/ 0	1 2000	EBY CERTIFY, That I of	ended deceased from
	ylov.	16 ,824		601	0 11/ 5
TAG	(Month)	(Day) (Year)	that I last say		4151
1	01 1 4	1 day, hrs.	and that deat		ited above, at /,/in.
	yrs/ mes	ds. OR min.?	The CAUSE O	F DEATH * was as follow	1. L.
8 0	CCUPATION 1) Trade, profession, or VXII 00 141	6	Card	iae della	allow
ha ba	riicular kind of work JTD WWW	ore			
bu) General nature of industry siness, or establishment in			(Buretion)	vrs. mos. / 7 ds.
	lich empleyed (er empleyer)	***************************************	Contributo		
В	(State or country)	0.000	Secondary		/
	10 NAME OF	7	20-	(Buration)	yrs mns ds.
	FATHER	lorsey	(Signed)	of the light is the state of th)////, M, 0.
E	11 BIRTHPLACE			3, 1915 (Address) 1804	Myaison
山山	OF FATHER (State or country) 12 MAIDEN NAME	way	CAUSES, state to	ne Disease Causing Drate, or, e (1) Means of Injust; and (2) whether Accidental,
PARENTS	OF MOTHER			RESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE		OR RECENT R		
	OF MOTHER (State or country)		of denthyre.		yrede.
14 TI	HE ABOVE IS TRUE TO THE BUT OF MY K	NOWLEDGE	If ant at piece of d		
	(Informant) Ida XIII	**************************************	Former or usual residence		
	$(),0,\dots$	- mod	19 PLACE OF B	URIAL OR REMOVAL	DATE OF BURIAL
-	(Address) (Address)	nu.	Dandy	mount -	12/26 101 5
15 F8	12/24/05 CH. a.	naylor	20 UNDERTAKE	TO O	MODRESE /
TR.		RESISTRAR	1 1, 10	6 till	listerston
	If more blanks are needed,	address State Registrar,	16 W. Baratoga St.,	Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekespers first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil tion is very important, so that the relative healthful-6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-Coal mine, etc. various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Lobar menmania, Bronchopneumonia ("Pneumonia;" unqualified, is indefinite); Tuberculosis of lange, meninfever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to spinal meningitis"); Diphtheria (avoid use of "Croup"); time and causation), using always the same accepted Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal

chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deates etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Dropsy," "Exhaustion,"

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BUREAU, V.S. MAR 1

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Cour	PLACE OF DEATH 21268	STATE OF MARYLAND CERTIFICATE OF DEATH
Jour	0 1-1	Registration Dist. No. 30
Viila	ge or City Clarensulle (No. Spring 2 FULL NAME Clares 6.	Brevel St.: Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
6 OA	TE OF BIRTH Much 3", 1847 (Month) (Day) (Year)	that I last saw h M alive on le lo 1915, and that death occurred on the date stated above, at lo m.
	68 yrs. 8 mos. 8 ds. 1 day, brs. or min.?	The CAUSE OF DEATH * was as follows:
pa (b bu: wh	OCCUPATION 1) Trade, profession, or rilcular kind of work 1) General nature of industry siness, or establishment in lich employed (or employer)	Olcule Fengrene (Oursilon) Dyrs. mos. 7 ds. contributory erganic Denentin
RENTS	10 NAME OF FATHER Rest Hall 11 BIRTHPLACE OF FATHER (State or country) Mary Church 12 MAIDEN NAME	(Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SCICIDAL OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIÊNTS, OR RECENT RESIDENTS) At place of death
	(Informant) Lect - 3- Hall	Former or usual residence
15 FN:	(Address) 4086. Reslow St. Cely	Julien de Conseleur Date of BURIAL Saltemore Conseleur Rel 13, 191.5 20 UNDERTAKER GOTTO Sewith Japette St
	If more blanks are needed, address State Registrar,	16 . Saratoga St., Milto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health.
Association.]

state occupation at beginning of illness. or given up on account of the disease causing neath, employed, as At school or wife, Housework, or At Home, and children, not gainfully write Nonc. business, that fact may be indicated thus: Former (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Furm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Solesmon, (b) Grocery; (a) Foremon, only when needed. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line applies to caeh and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Architect, As examples: (a) Spinner, (b) Cotton At home. Care should be Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (c. g., sepsis, tetanus) may be stated cause. on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deathis "Puerperal peritonitis," etc. State cause for which to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptons or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonocum, etc., Carcinoma, Sorcoma, etc., of..... rent) affection need not be stated unless important. Always qualify all diseases resulting from ehild-"Senile," etc.), The contributory (secondary or interenras "Publichemia," "Dropsy," Never report mere acid-probably "Exhaustion,

tions answered in detail, it will prevent further correspondence. All the data is essential and negative obtained before the certificate is permanently filed

If this certificate is looked over thoroughly and all ques-

ASTERIATED V. D. P. S. P

1 PLACE OF DEATH

Coun	1 PLACE OF DEATH 3 altrune 21269	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 36
Villag	go or CHy Wey White Hall No. 2 FULL NAME Darah & Hall	St.; Ward) [If death eccorred a hospital or institute give its NAME inste
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je Je	wale, 4 COLOR OR RACE 5 SINGLE, MARRIED, widowed OR DIVORCED (Write the word)	(Month) (Day) (Ye
6 DA	E (Month) (Bay) (Year) If LESS than 1 day, hrs. OR mlg.?	and that death occurred on the date stated above, at 3
(b) bus whi	OCCUPATION OF Trade, profession, or titular kind of work OGENERAL MARKET STATES OF THE CONTROL O	Contributory Fractured Hip Jains
RENTS	10 NAME OF John O. Quincy 11 BIRTHPLACE OF FATHER (State or country) Sudden 12 MAIDEN NAME	(Signed) AUMILLOUS State the Disease Causing Death, or, in deaths from Violence Causing Causing Death, or, in deaths from Violence Causing Causing Of Injury; and (2) whether Accidental, Suicidal or Homicioal.
	OF MOTHER Elizabeth Realing 13 BIRTHPLACE OF MOTHER (State or country) Baltime und HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Man B. F. Jordann	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In ths af death yrs. mes. ds. Stats, yrs. mos. Where was disease contracted, if not at place of death?
15 File	(Address) Schote Have. Ond.	19 PLACE OF BURIAL OR REMOVAL Solum Mirent Cen. Place 2, 191. 20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, The material worked on may form part Women at home, who are engaged in But in many cases, The question (b) Auto-

Statement of Canse of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the lapse," "Coma," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenperal seplichaemia," eause. Always qualify all diseases resulting from ehildmus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State eause for which Never report mere



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should ion is OCCUPATION SICIANS of Exact statement EXACTLY. classified. properly supplied. pe may certificate. carefully jo back D term 0 piain Instructions Information = DEATH See 0 P mportant. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. (it death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, Man 3 SEX 4 COLOR OF RACE WIDOWED. (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) if LESS than 7 AGE 1 day,hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE K *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country ARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State of death yrs. mos. ds. Where was disease contracted. KNOWLEDGE if not at place of death? Former or usual residence OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. 2012 Md ann

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery: (a) Forcman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cer" is less definite; avoid use of "Tumor" for mails. such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart alsease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," _ (name origin; "Can-State cause for Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

A PERMANENT RECORD UNFADING INK-THIS IS

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Important. See Instructions on back of certificate. WRITE PLAINLY, WITH

21271

PLACE OF DEATH	CERTIFICATE OF DEATH
County	Registration Dist. No. 4/
Village or City and (No.3407, -	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored (Notice the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	See 6, 1915, to See 6, 1915, that I last saw her alive on See 6, 1915.
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER TRUE OF FATHER (State or country) True Control of the country o	(Signed) (Boration) yrs mos ds. (Signed) (Address) 303 S O S O S O S O S O S O S O S O S O S
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or
(Informant) (Address) 3407 2 nd and and and and and and and and and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOCAL MARCHAN ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the honschold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, ctc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-" "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for For vio-



.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR -THIS RESERVED INK WITH UNFADING MARGIN WRITE PLAINLY, No.

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Village or City Calmerlee (No. 21272) 2 FULL NAME Victor Harris	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 St.; Ward) [If death occurred in a hospital or institution, give ils NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color or race Married, Married, Wildowed OR DIVORCED (Write the word) 6 DATE OF BIRTH March 28 195 (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. yrs. S. mos. 2 ds. OR min.?	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Local 18 1915, to Local 18 1915, that I last saw how alive on Local 13 1975, and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Samuel Harris 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Samuel Harris (Address) Ellieott leig 15 Filed Doc 18, 1915—Woushale Blooth	(Signed) *State the Directory Causinon Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. *State the Directory Causes, provided in the of death yrs. mos. ds. State, yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted, if not at place of deeth? Formar or usual residence **State the Directory Causes Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. **State the Directory Causes of Injury; and (2) whether Accidental, Suicidal or Homicidal. **State the Directory Causes of Injury; and (2) whether Accidental, Suicidal or Homicidal. **State the Directory Causes of Injury; and (2) whether Accidental, Suicidal or Homicidal or Hom
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serrant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Luborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grosery; (a) only when needed. As examples: (o) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cium, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Cool mine, etc. the second statement. Never return "Laborer," Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, Foreman, (b) Auto-If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of hungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned Struck by railway train-accident; Ravolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichuomia," "Puerperal perilenties," etc. State cause for which mus, eause. Always qualify all discases resulting from childetc., when a definite discuse can be ascertained as the genital," "Anaeraia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Edulity" ("Conchopmeumonia (secondary), 10 ds. Never report mer symptome or terminal conditions, such as "Asthenia, "Heart failure," "H. emorrhage," "Inanition," "Maras-Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nophrilis, etc. cough; Chronic valedur heart disease; Chronic interstitial ges, perilonneum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uramia," "Weakness, The nature of the injury, as fracture of skull, "Senile," for malignant neoplasms); Meosles; Whooping The contributory (secondary or intercurcte.), by carbolic acid-probably "Dropsy," "Exhaustion," ACCIDENTAL, report mere important.



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(Month) (Day)		1 PLACE	OF DEAT	Н	91	chq	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE MARRIED WIDDWED OR DIVORCED (Write the word) DATE OF BIRTH (Month) (Month) (Day) AGE (Month) (Day) AGE (Month) (Month) (Month) (Day) AGE (Month)	Cou	nty Balt	imore	BBB00000000000000000000000000000000000	<i>[</i> ⊕].		
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE MARRIED WIDDWED OR DIVORCED (Write the word) DATE OF BIRTH (Month) (Month) (Day) AGE (Month) (Day) TAGE (Month) (Day) TO BE OCCUPATION (a) Tredo, prefession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or ampleyer) BIRTHPLACE (State or country) MASS (C) TO NAME OF FATHER JOHN HAPPISON 11 BIRTHPLACE OF FATHER JOHN HAPPISON 12 MAIDEN NAME OF MOTHER MATY Nol and 13 BIRTHPLACE OF MOTHER			Ray Viev	Asylum			
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE (Month) (Day) 7 AGE 56 yrs. Bes. ds. OR 8 OCCUPATION (a) Trade, prefession, er particular kind of werk Painter (b) General nature of industry business, er establishment in which employed (er employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	Villa	ige or City		000000000000000000000000000000000000000	*****************	(No	••••••
Male White Single, Single MARRIED, WIDDWED OR DIVORCED (Write the word) Male (Month) (Day) AGE (Month) (Da		² FU	LL NAME	,	T	homas	На
Male White OR DIVORCED (Write the word) C DATE OF BIRTH (Month) (Day) AGE (Month) (Day) (A) I day (A) I rado, prefession, or particular kind of werk Painter (b) General nature of industry business, or establishment in which employed (er employer) BIGHTHPLACE (State or country) MASS 10 NAME OF FATHER (State or country) England 11 BIRTHPLACE OF FATHER (State or country) England 12 Maiden NAME OF MOTHER MATY Nol and		PERSO	NAL AND	STATIS	TICAL P	ARTICUI	LARS
Cocupation (a) Tredo, prefession, er particular kind of werk Painter (b) General nature of industry business, er establishment in which emplayed (er emplayer) **BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE** (State or country) 12 Maiden Name OF FATHER (State or country) 13 BIRTHPLACE OF MATTER Mary Nol and 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER					WIDDY	VED	igle
Gate or country) To Name of Father 10 10 10 10 10 10 10 1	6 DA	TE OF BIRT	Н		(W TSEE)	ue word)	
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STATE OF MARYLAND CERTIFICATE OF DEATH

View Asylum	CITY HOSPICA Registration Dist. No. 41				
AME Thomas Harris	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead				
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
olor or race 5 single, Single Married, Widdwed Or Divorced (Write the word)	December 20th , 1915				
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Englandlan	*State the Disease Causino Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accioental, Suicioal or Homicioal.				
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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupacompositor, Architect, Locaer, Stationary fireman, etc. For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Mcasles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway train-accident; Revolver (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-State cause for which "Atrophy," "Colwound ("Con-



N. B.-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARQIN

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	Cour	1+14	21274	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Villa	2 FULL NAME	Ma (No. 1),	Salliment (MESt.; Ward) [If death occurred in a hespital nr institution, give its NAME instead of street and number.]
		PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SE	Vale White, U.A.	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH WELLINGER 3/ 1915 (Month) (Day) (Year)
ertificat	6 DA	TE OF BIRTH	nard 17 18	17 J HEREBY CERTIFY, That I attended deceased from 83 that I last saw h & allve on Lee 23, 1915,
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nportant Se	RENTS	10 NAME OF FATHER OLL /4. 11 BIRTH PLACE OF FATHER (State or country) 12 MAIDEN NAME	Harthier-	(Signed) (Address) (Address) (Burelien) (Bur
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[Approved by U. S. Census and American Public Health Association.]

state oecupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State eause for which birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart diseasc; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuracid-probably



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Waltimore -PHYSICIANS should of OCCUPATION IS Registration Dist. No lif death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RAGE 16 DATE OF DEATH MARRIED. WIOOWED, (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) wrs. mos ds. which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 12.1915. (Address) ...(L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. ___ ds Where was disease contracted. If not at place of death? .-00 OF usual residenca. Important. CAUSE ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERFERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or mlscarriage as "Puerpenal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanitlon," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report For vio



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Village or City Printing (No. 513)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.32 [It death occurred a hospital or instituting give its NAME instee of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MOUNTY WIGOMED, ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 1915, to 1915 that I last saw have alive on 1915
TAGE It LESS that 1 day,hrs ORmin. ?	and mar death occurred on the date stated above at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Battimus Ma	Contributory (Secondary) (Deration) (Deration) (Deration) (Deration) (Deration) (Deration) (Deration) (Deration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FORTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos, (Where was disease contracted, it not at place of death? Former or usual residence.
(Address) 334, Park Heylits alle Filed Love 12, 1911 - Was. F. Price REGISTRAR If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS 16 24 - MASSO

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipios

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples:



RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be si that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE -Every item of information should be CAUSE OF DEATH in piain terms, s

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

See instructions on back of certificate. Important. Z B

21277

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 S	t.:	****	 W	ar	d)	

[If death occurred in a hospital or institution,

	²FU	JLL NAME	George 6	I Her	nkamen	140000000000000000000000000000000000000	give its NAME Instead of street and number.]
	PERS	ONAL AND STATISTI	CAL PARTICULA	ARS	MEDICAL	CERTIFICATE	OF DEATH
35	ex nale	4 COLOR OR RACE	Shwele, MARRIEO, WISSWED, ORDIVORCES (Write the wo	ranid	16 DATE OF DEATH	/2 - (Month)	(Day (Year)
6 D	ATE OF BIR	тн # (Month)		, 1. %	/1	15 to 10	4.
7 A	GE		mos. 24 ds.	if LESS than 1 day,hrs.	and that death occurred of the CAUSE OF DEATH*		
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Д.	13 BIRTHP OF MOT	LACE THER or country)	An Gen Tor My KNOW Cleinty	nany LEDGE/	At place of death yrs mos. Where was disease contracted, if not at place of death?	tn the State	yrs, ds
16 Fi	(Address)	Bonin	5 8 M	and ho	19 PLACE OF BURIAL OR 20 UNDERTAKER	remety	DATE OF BURIAL ACC 11 4, 1915 ADDRESS

if more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, uot duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be suffielent, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumoula," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection uced not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Inmor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS STATE MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for "Exhaustion," For vio-



	1 PLACE OF DEATH	STATE OF MARYLAND
Co	unty Ballimore 21278	CERTIFICATE OF DEATH
	1 1	Registration Dist. No. 31
Vil	lage or City Atlangton (No. 114 of	Torchesler (MSt.; Ward) [If death occur a hospital or inst
	FULL NAME Katr Hender	give its NAME in ot street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED, WILLIAM	16 DATE OF DEATH Accounter 23, 1. (Month) (Day (Y.
	Tamale Shite (Write the word)	17 I HEREBY CERTIFY, That I attended deceased
. D	ATE OF BIRTH	august 15191 5 to Alec 23rd 1
	(Month) (Day (Year)	that I last saw he slive on Die Bod 1
TA	If LESS than	and that death occurred on the date stated above, at 8:10
	7 yrs mos ds. 1 day,hrs. ORmin, ?	The CAUSE OF DEATH* was as follows:
36	CCUPATION	Concertine of Stories
	Trade, profession, or relicular kind of work relicular kind of work	
	7	
(b)	General nature of industry,	9
bus	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos.
bus	ness, or establishment in	Contributory Ex haussian auema
bus	ness, or establishment in chemployer (or employer)	Contributory Exhaustin auemi
S L N	ness, or establishmeet in chemployed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Exhausslum anemu Secondary (Signed) Au Dubert (Signed) Au Dubert (Signed) Au Address) +836 Park Heyst
S L N B I	ness, or establishmeet in chemployed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) OF FATHER (State or country) 12 MAIDEN NAME	Contributory Exhaustim auerica Secondary (Signed) Au Dubert (Signed) Au Dubert
S L N	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF COUNTRY) 12 MAIDEN NAME OF MOTHER CALLERINE BORMAN 12 MAIDEN NAME OF MOTHER CALLERINE BORMAN	Contributory Exhaustum anemu Secondary (Signed) (Signed) (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from Vicauses, state (1) Means of Injury; and (2) whether Accurate, Suicidal, or Homicidal.
ARENTS IN SING	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE BRINTHPLACE BRINTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE BRINTHPLACE 19 BIRTHPLACE BRINTHPLACE 19 BIRTHPLACE 19 BIRTHPLACE 19 BIRTHPLACE 19 BIRTHPLACE 10 BIRTHPLACE 10 BIRTHPLACE 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE 19 BIRTHPLACE 19 BIRTHPLACE 10 BIRTHPLACE 10 BIRTHPLACE 10 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18	Contributory Exchange and an animal Secondary (Signed) (Burstion) yrs mos (Signed) (Signed) (Address) (Signed)
PARENTS IN S	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF COUNTRY) 12 MAIDEN NAME OF MOTHER CALLERINE BORMAN 12 MAIDEN NAME OF MOTHER CALLERINE BORMAN	Contributory Exchansion and account Secondary (Signed) (Duration) yrs mos (Signed) (Signed) (Address) + 836 fact Heavy (Address) + 836 fact Heavy (CAUSES, state (1) MEANS OF INJURY; and (2) Whether Account Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OF RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos.
PARENTS IN STATE OF THE STATE O	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (State or country) 12 MOTHER (State or country) 13 MOTHER (State or country) 14 MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (State or country) 12 MOTHER (State or country)	Contributory Exchange and an analysis and (Signed) (Signe
PARENTS IN STATE OF THE STATE O	ness, or establishmeet in ch employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 SIRTHPLACE OF MOTHER OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER OF MOTHER (State or country)	Contributory Exhausalian auerous Secondary (Signed) (Burstion) yrs mos (Signed) (Signed) (Address) (Address) (Signed) (
PARENTS IN THE PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (State or country) 12 MOTHER (State or country) 13 MOTHER (State or country) 14 MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (State or country) 12 MOTHER (State or country)	Contributory Canada Access Accordary (Signed) (Burstion) yrs mos (Signed) (Signed) (Address) H36 (A
PARENTS	10 NAME OF FATHER Sames Bonday 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME OF MOTHER CALTERINE BORNMEN 13 BIRTHPLACE OF MOTHER CALTERINE BORNMEN 14 BIRTHPLACE OF MOTHER CALTERINE BORNMEN 15 BIRTHPLACE OF MOTHER (State or country) Menical 16 HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Mother Calterine Bornman (Address) Mothers (Address) Mothers (Ad	Contributory Exhausalian auerous Secondary (Signed) (Burstion) yrs mos (Signed) (Signed) (Address) + 36 faul Hayd *State the Disease Causing Death, or, in deaths from Vicauses, state (1) Means of Injury; and (2) whether Accurate, Suicidal, or Homicidal. 16 Length of Residents) At place of death yrs, mos. ds. State yrs, mos. Where was disease contracted, if not at place of death? Former or usual residence 19 Place of Burial or Removal Date of Burial Date of Burial Date of Burial
PARENTS IN THE PARENTS	10 NAME OF FATHER Sames Bonday 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME OF MOTHER CALTERINE BORNMEN 13 BIRTHPLACE OF MOTHER CALTERINE BORNMEN 14 BIRTHPLACE OF MOTHER CALTERINE BORNMEN 15 BIRTHPLACE OF MOTHER (State or country) Menical 16 HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Mother Calterine Bornman (Address) Mothers (Address) Mothers (Ad	Contributory Canada Access Accordary (Signed) (Burstion) yrs mos (Signed) (Signed) (Address) H36 (A



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



V. S.

	Rognel Heights(No.	Registration Dis
2 F(0 00.000	
	ULL NAME Elizabett ann 1	Heury,
PERS	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C
gemale.	4 COLOR OR RACE 6 SINGLE, MARRIEO, WIOOWED OR DIVORCED (Write the word)	16 OATE OF OEATH & OO (Month)
S DATE OF BIR	may 31 ,1828	that I last saw h. 4. J. alive on
7 AGE	88 vrs 8 reas 24 ds. OR min.?	
8 OCCUPATION (a) Trade, prof- particular kind (b) General na business, er es which empleyed	ession, or of work ture of industry stablishment in (or employer) Houselufe	Contributory Old Oce
(State or co	of A salemore,	Secondary (Durelian). (Signed) Markall SW
Ш	PLACE THER OF COUNTRY) Belluiore EN NAME	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.
OF N	MOTHER RULL a Souther	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At piece jo the of death yrs. mes. de. State
14 THE ABOVE (Informant)		Where was disease contracted, If not at piece of death?. Former ar usual residence.
(Addres	10) Roquel Heights	4 Haudon Park

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

30 Registration Dist. No....

[If death occurred in a hospitat or institution, give its NAME lostead

eury,		of street and	number.]
MEDICAL	CERTIFICATE O	F DEATH	
16 DATE OF DEATH	40 00 (Month)	24 (Day)	, 1918 (Year)
10-1 111	RTIFY, That I att	onded decea	sed fro , 191 ડ
and that death occurr	alive on	ated above, a	340
The CAUSE OF DEATH	H * Was as follow		_
Milial Gegen	suelion,	June	
	***************************************	<i>n</i>	
Contributory Secondary	Plol age	— ns. 2 m	D8
(Slenod) mark	all Bur	2/- m	08 M
10- 2:- :-	(Address) Coto	rinelle	no
*State the DISEASI CAUSES, state (1) MEA SUICIDAL OF HOMICIDAL	E CAUSING DEATH, OF,	in deaths from (2) whether Acci	VIOLENT DENTAL,
18 LENGTH OF RESIDENTS) At piece of desthyrsmss. Whore was disease contracted, if not at piece of death?	to the		RANDIEN
Former er usual residence			. 2. 2
19 PLACE OF BURIAL OF	Park	DATE OF BUILDING	6 191 S
Sea Cui	tt	MODESS -	ette



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease Causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Puerperal peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," "Exhaustion," State cause for which "Atrophy," "Colwound ("Con-



PERMANENT AGE supplied. UNFADING Information

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Instructions plai

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DEATH

OF

Every item CAUSE OF Important.

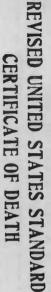
of

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in a hospital or Institution. give its NAME Instead ot street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. 1911 WIDOWED, (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, / hrs. The CAUSE OF DEATH * was as follows: yrs. mos. OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State 14 THE ABOVE Where was disease contracted. KNOWLEDGE If not at place of death? Former or (Intermant) usual residence. 19 PLACE OF (Address) 16 20 UNDERTA ADDRESS

If more blanks are needed, address State Register, 6 E. Ranklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—leaves the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: IENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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N.B.

PLACE OF DEATH. County 9 all 1444 of 2 / 21281	STATE OF MARYLAND
County Dallinore 21281	CERTIFICATE OF DEATH Registration Dist. No. 34
Village or City Urcadia (No	FM 4
2 FULL NAME Belinda ana	St; Ward) Litt death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX. 4 COLOWOR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH OLC. 30, 1915 (Month) (Day) (Year)
DATE OF BIRTH Left. 27, 1875 (Month) (Day), 1 (Year)	that I last saw h IN affect on the 10 last saw h IN affect on
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, profession, or	Circulosis of the Liver with Cardio preparities
(b) General nature of lodustry business, or establishment in which empleyed (or employer)	accompanied by marked ascitete (Organian) 170. 1800. 100.
9 BIRTHPLACE (State or country)	Contributory Ucute cold, Secondary
10 NAME OF Selvis O. Meyls	(Signed) Hoyril Elms Fowle, M. D.
E USTATE (State or country) 12 MAIDEN NAME)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother Houce Stouck 13 BIRTHPLACE OF MOTHER M. J.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is like
(State or country)	of death yrs
(Informant) Winfield Hoffman	If ool al piscs of doeth?
(Address) Upperco - Md.	Wesley M. E. Cemetery, 101.
	20 UNDERTAKER SOUL STORESS
If more blanks are needed, address State Registrar, 16	3 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

nose of various pursuits can be known. The question applies to each and every person, irrespective of age. wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. mobile factory. is provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted fever (the only definite synonym is "Epidemic cerebrounqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. Examples: Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia," Cerebrospinal

> genital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Broncough; Chronic volvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of mus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull to determine definitely. or miscarriage "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercuras "Puerperal septichaemia," Examples: Accidental drowning; State cause for which "Atrophy," wound ("Con-

tions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

VAN . \$ 1016

BUREAU, V.S. AR 1 3 1916

No. 1. 202

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it may be See instructions on back of certificate. B.-Every item of information should be CAUSE OF DEATH in plain terms, s. important.

PLACE OF DEATH

21282

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Anow Hole (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DA	ATE OF BIRTH Dec 6 1915	17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, 191
12)	t day,hrs. ocupation Trade, profession, or	and that death occurred on the date stated above, at 4 mm. The CAUSE OF DEATH* was as lollows:
(b) busi White	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER SELLING WILLIAMS 11 BIRTHPLACE OF FATHER (State or country) Manyland		(Signed)
PAR	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS,
(Informant) Mon H. Holling & S. (Address) Roslyn Mol	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	od by 7 1915 pt 75h pt	20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

, the nature of the business or industry, and therefore an additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neccated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupationmany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," ,"Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, -Precise statement of occupa-(6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of (name orlgln; "Can-Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PNYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

1 PLACE OF DEATH 21283	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Celture The No. Skruy	Registration Dist. No. 30 [If death occurred in a hospital or institution,
2 FULL NAME Mary Helen	Devil Holliday give its NAME instead of sireel and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sold
6 DATE OF BIRTH (Month) (Day) , 1845 (Year)	that I last saw he Valive on See 23, 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2.35 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)	Coursion yrs 3 mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Ourstin) yrs mos ds.
10 NAME OF FATHER (0) 11 BIRTHPLACE	(Signed) (Signed) (Address) Calensville no
C OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
OF MOTHER 13 BIRTHPLACE DF MOTHER (State or country)	18 LENGTH DF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) The Best of MY KNOWLEDGE	Former or usual roeldence. Pull Inc.
(Address) lessemonte ma	Aung Time Sat Hopp Dec 28, 1915
Filed Dec 28, 1915 Maiskall 13 lerst Registrar	20 UNDERTAKER ADDRESS Pring Prince " " Calcusor Chief 16 W Survey St. Balto Bequesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screanl, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, Locomotive engineer, Civil business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," mus, under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal perilonitie," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Marassmus," "Old Age," "Shock," "Uracmia," "Weakness," chopmenmonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Struck by railway train—accident; Revolver wound "Anaemia" (merely symptomatie), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or interemcough; Chronic valeular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of . . . when a definite disease can be ascertained as the "Coma," The nature of the injury, as fracture of skull, "Senile," "Convulsions," ete.), "Dropsy," "Debility" "Exhaustion," ACCIDENTAL, ("Con-



QUIDNIA



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of agoness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part is provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever,

Statement of Cause of Death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inantion," "Marasmus," "Old Agc," "Shock," "Uraomia," "Weakness," rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intereur-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; or miscarriage as "Puerperal septichaemia," Poisoned by carbolic acid-probably "Atrophy," "Col-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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VIII	unty Balkmen (No. Mh) 2FULL NAME Julia Horriga	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ### St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX COLOR OR RACE SINGLE, MARRIEO, WIDOWED, WIDOWED, Withoute (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17. I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year) GE If LESS than 1 day, hrs. OR min.?	that I last saw h alive on A c , 1915 , and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	CCUPATION) Trade, profession, or Nouse riticular kind of work	Contributory Ex Taxalysis - Programmes.
PARENTS	10 NAME OF FATHER Doub Know 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DOUB KNOW	(Signed) 2 Cetek Alaceury, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	13 BIRTHPLACE OF MOTHER (State or country) I recent THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Records of with the Remat (Address) WHATE MA (Address) WHATE MA REGISTRAR	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, Beelinuare led linot at place of death? Former or usual residence Ballinuare led lines and linot at place of Burial or Removal Date of Burial 20 UNDERTAKER ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. causing neath, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Cool "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physicion, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be Indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic ocid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronchopncumonia (secondary), 10 ds. The coutributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from (secondary or intercurrent) Nevcr report For vio-



S. No. 1.

Important.

N.B.

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should so that it may be properly classified. Exact statement of OCCUPATION is A PERMANENT RECORD UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 56:

-Ward)

[If death occurred in a hospitat or institution, give its NAME instead of sfreet and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wolderclow	16 DATE OF DEATH (Month) (Day (Year)
מע	Write the wolf relow	17 I HEREBY CERTIFY, That I attended deceased from
DA	TE OF BIRTH	DEC 8 1915 to DEC // 1915
	(Month) (Day (Year)	that I last saw h. LT alive on DEC
AG	E tf LESS than	and that death occurred on the date stated above, at 1,40 am,
	67 5 16 1 day,hrs.	The CAUSE OF DEATH* was as follows:
,	yrs mos 2 ds, OR min.?	Grangulatin Ferroral
	CUPATION	The state of the s
(a)	Frade, profession, or icular kind of work	Herrifia Maperable
	General nature of industry,	
busin	less, or establishment in Annual Color	(Duration) yrs mos 4 ds.
_	h employed (or employer)	
BIF	State or country)	Secondary Secondary
,	Sallimore 6	
	10 NAME OF	(Opration) yrs mos ds.
	FATHER gooding touble.	(Signed)
	11 BIRTHPLAGE	DEC 12, 1915 (Address) Moulton Ind.
	(State or country) Baltimoil	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY: and (2) whether Accident
	OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
-	13 aprellation of the state of	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	Af place in the
		of death yrs mos ds. State yrs mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		tf nof at place of death?
(Informant) In Donald		Former or
11/1-11 11 11		usuat residence
	(Address). White Hell 'Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	AAA	mt. Carmel Del 14 1915-
	Dec 13 1915 amstuling	20 UNDERTAKER ADDRESS
rite	Alle, REGISTRAR	D mark to the
_		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," (Recommendations on statement of "Exhaustlon," For vio-



V. S. No. 1.

		LY PHYSICIANS	Exact stotement of	/
V. S. MO. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
-		Con.		

	Baltimore 21287 Bay View Abylands (No. CIT)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41 St.: Ward) [if death occurred in
vinage of	² FULL NAME Samuel K. H	a nospital of institution, give its NAME instead
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	White Single Widowed on Divorced (Write the word)	December 21st, 1915 (Month) (Day) (Year)
6 DATE O	FBIRTH	December 20th to December 21 ,195
7 AGE		S than and that death occurred on the date stated above, a 6.104
CCUPATION (a) Trade, profession, or allicular kind of work (b) General nature of industry business, or establishment in which employed (ar employer)		Jibrinous pleurisy Contributory Guration Contributory
(Stat	PLACE e or country) Virginia	Secondary (Burstien) yrs mes.
	VAME OF William Huffman	(Signed)
2	SIRTHPLACE OF FATHER (State or country) Penns. WAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
Q. 13	OF MOTHER Unknown BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of deethyremes. 1ds. State,yre
	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence 1018 Milton Place
15 Filled	(Address) 2/2/, 191 5 Miriam Baes	Western ben 12/23, 1915 20 UNDERTAKER Lettle 531 M. Tremon

Dr.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illuess. If retired from employed, as At school or At home. Care should be write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home; and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OR HOMICIDAL, OR as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiai "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercur-"Atrophy," Never report mere ("Con-



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PHYSICIANS PERMANENT classified. 4 THIS properly AGE supplied. pe UNFADING may certificate. that 80 o be back terms, pinous 0 plain Instructions Information 드 See instri WRITE Po Item OF CAUSE OF 0

STATE OF MARYLAND 1 PLACE OF DEATH OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. widowed WIDOWED. (Dav (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day Y (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place In the of death (State or country ____ yrs. _ mos. State yrs. _ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence PLACE OF BURIAL DATE OF BURIAL REMOVAL (Address). 15 20 UNDBRIAKER ADDRESS 51 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," cngineer, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubcreulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite discase can be ascertalued as the "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. State cause for Never report



No. 1. ŝ

PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very AGE should be stated EXACTLY. of information should be carefully supplied.

DEATH in plain terms, so that it may be it See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, se

Important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[It death occurred in a hospital or lostitution, give its NAME instead of street and number.]

	TOLL NAME	***************************************		
	PERSONAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fern	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	rd Marrie	16 DATE OF DEATH Complete 28 1915
6 DATE	OF BIRTH			The Day of The Action of the Control
		3 0 (Day	, 1863 (Year)	that I last saw h
7 AGE			It LESS than	and that death occurred on the date stated above, at 2 10 to m.
-	52 yrs 7	mos. 28 ds.	1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a) Trade	PATION , profession, or r kind of work The state of th	vife		- AAAAL WALAAAAA JA MILAAAA
(b) Gener business,	ral nature of industry, or establishment in			(Duration) yrs. mos. / ds.
9 BIRTH	ployed (or employer)	1 1		Contributory Lobar Primonia Secondary
S II	NAME OF Showas BIRTHPLACE OF FATHER (State or country) MAIDEN NAME	Wheatt land	Ly Ly	(Signed) , M. D. 29, 1915 (Address)
13 E	OF MOTHER OF MOTHER (State or country)	gland.	won_	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds
14 THE	BOVE IS TRUE TO THE BES	T OF MY KNOW	LEDGE	Where was disease contracted, It not at place of death?
(Inform	nant) Mr. Nicholas	. The tel	inv	Former or H. B. Brandwick Stall
(Address) 7 S. Drun	ismiche	Street	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	2 28 1915 Wall	201	0 0	20 UNDERTAKER ADDRESS
Filed	191) (191)	Line -	REGISTRAR	What & Fuller 221 W. Broadway
	If more blanks	re pooded add	on Chata Dania	tron C. Id Franklin St. Dolto Bonnocking IV C. N. 4

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REGORD BINDING MARGIN RESERVED FOR V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
	Ballina 21290	CERTIFICATE OF DEATH
Co	Malit Hell 100	Registration Dist. No. 3.6
٧	illage or Sity V//MUL / Tall (No. (M.)	St; Ward) [If death occurred in a hospital or institution,
	7/	give IIs NAME instead of street and number.]
	2 FULL NAME Operan La	enson
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	male Color of RACE SINGLE, Married Male Colored (Mrite the word)	16 DATE OF DEATH /2 24 , 1915 (Month) (Day) (Year)
6 p.	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	,1883	, 191, to, 191,
	(Month) (Day) (Year)	that I last saw hallve on
TAC		and that death occurred on the date stated above, at 63.0 Pm.
	Joseph Mos	The CAUSE OF DEATH & was as follows:
80	CCUPATION	Struck by engine no 4172
Q(1)	Trade, profession, or	verdict of Gorones sunthe
10	General nature of Industry,	sand jung exteriorerated the saw
bus	iness, or establishment in ch employed (or employer)	Model Confording yrs. mos was
		Contributory
(S	(ATHPLACE tate or country)	(Secondary)
	10 NAME OF	(Quration) yrs mos ds.
	FATHER MIKNOWN	(Signed) What as Vr ague 1, M. D.
TS	11 BIRTHPLACE	Lee 27, 1915 (Address) Affects Accarlle
PARENTS	OFFATHER (State or country) Orguna	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
AF	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
-	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
141	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Interment Ella See Jackson	Former or
1	509 Hongrove all	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) of the floor way	
	eadle 27,1815 Ell Ley le lis	20 UNDERTAKER ADDRESS
FII	ed 1910 Redistrar	Pmarkeline for Whele Hall had
	If more blanks are needed, address State Registrar, 6 E	
		The state of section and destruct to the tree to



[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinossis of lungs, meninges, peritonaeum, etc., Carcinoscia

injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 (name origin; "Can "Exhaustion," Examples: For vio-



S. No.

7

N. B.-

PLACE OF DEATH 21291 County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City(No	September 1 September 2 Septem
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wioowed OR DIVORCEO (Write the word)	December 17th, 1915 (Month) (Day) (Year)
**OATE OF SIRTH (Month) (Day) , 1.855	October 4 1915 to December 17 1915, that I last saw h im allye on Dec. 17th 1915
7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. 60 yrs. mes. ds. OR min.?	
(a) Trade, profession, or particular kind of work (b) General nature of ledustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Russia	Contributory Chronic Cuteron 19 10 10 10 10 10 10 10 10 10 10 10 10 10
10 NAME OF FATHER Marcus Jacobson 11 BIRTHPLACE	(81snod) C. C. Hoke. M. C. Dec. 17, 101 5 (Address) bety Hospital
"I BIRTHPLACE OF FATHER (State or country) Russia "I BIRTHPLACE OF FATHER (State or country) Russia "I BIRTHPLACE OF FATHER (State or country) Russia	*State the DISEASE CAUSING DRATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Russia	ON RECENT RESIDENTS) At piece In the of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	if not at place of death? Former or usual residencel 008 W. Franklin St.
(Address) 16 Filed 12/7 1915 Merium Bass PEGISTRAN If more blanks are needed, address State Registrar,	PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OA



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed of the second statement. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified,

Example: Measles (disease causing death), 29 ds.; Bronand consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) Struck by "Coma," railway (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Atrophy," "Colimportant.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the confidence is permanently filed.

G1618103033

Coun	PLACE OF DEATH 21292	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	e or City (No. No. No. Portes D. Joe	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ma 3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE Dungle, Write the word)	(Month) (Day) (Year)
7 AG		that I last saw haralive on the date stated above, at Holm The CAUSE OF DEATH * was as follows:
(b)	CUPATION Trade, profession, or Clerical work for ilcular kind of work	Diagnosed / 77 ago, (Oursilon) you mos. do
9 BI	ATHPLACE (State or country) Balto nud.	Contributory Secondary (Durallen) yra, mos. 4s
RENTS	10 NAME OF FATHER Charles Q. Joeating 11 BIRTHPLACE OF FATHER (State or country) Bulto M.D.	(Signed) Nartue J. Slow, M. O Dec 2 2, 1815 (Address Endowed Sanatoria)
PARE	12 MAIDEN NAME Filliam, Durchart	.*State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL, 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
14 TH	13 BIRTHPLACE OF MOTHER (State or country) Baltama. E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Al place of death yes. 3 mes. 7 ds. Slale, 2 yes. 1 mes. 2 ds. Where was disease contracted, 24 yes. 1 340 07 1 pt
	(loformant) attempt on olimsoin	Former or usual residence 14286-Lanvale st.
15 File	(Address) Dec 22, 191 Cland Smile REGISTRAR	Andre Port Cue 2-24, 191. V. 20 UNDERTAKER Jumes Brakery & Oles
11	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Forenian," "Manager," "Dealer," etc., of the second statement. mobile foctory. mill; (o) Salcsmon, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stotionary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-suicide. The nature of the injury, as fracture of skull, Struck by railwoy train—accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL sephichaemia, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-The contributory (secondary or intercur-"Dropsy," State cause for which Never "Exhaustion, report mere



.-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

S.B.

Village or City Dath County 21293 2 FULL NAME DEAD in Utery seek	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 St.; Ward) Lillau Johns Lillau Johns was despital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH (Month) (Day) (Toar) 7 AGE If LESS thea 1 day, hrs. OR min.?	that I last saw h Clarks on ' CC 10, 1915, and that death occurred on the date stated above, at Bm. The CAUSE OF DEATH * was as follows:
9 OCCUPATION (a) Trade, profession, er particular kind of work (b) Geograf natore of industry business, or establishment in which employed (or employer)	(Burelles) yre. moe. des.
9 BIRTHPLACE (State or country) 36/2 & Loubard St 10 NAME OF FATHER HOLLY Bickel 11 BIRTHPLACE	(Signed) JAP. L. PINGH, M. O. (Address) 747 Sv-3 d
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Balto Cu Ma	*State the DISEASE CAUSING DWATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place to the State, ye. Mee. State, ye. Mos. 65.
(Informant) Henry Bickel (Address) 36:2 & Locuberd St	Where was disease contracted, If not at place of death? Former ar usual residence
FREE C. 191 S. M.C. AMARIA	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer only when needed. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," ete., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed As examples: (a) Spinner, (b) Cotton If retired from without more (b) Auto-

TO LOCAL REGISTRAR

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations to determine definitely. Examples: Accidental drowning; birth or miscarriage by railway train-accident; Revolver wound The contributory (secondary or intercuras "PUERPERAL septichaemia," "Dropsy," "Exhaustion," State cause for which carbolic Never report mere "Atrophy," "Colacid—probably ("Con-

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BUREAU, V.S. HORE SIGI 9 1030

	Wiew Asylun	2.	HOSPITAL Registration Dist. No. 41
Villa	ge or City Bay View Asylum	(No, The second secon	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACI	6 SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	December 20th, 191 (Month) (Day) (Year)
6 DA	TE OF BIRTH	onth) (Day) , 1.870	December 4th 5, to December 20th 5 that I last saw her alive on December 20th 5
par (b	E 45 yrs	If LESS than 1 day, hrs. or man.?	and that death occurred on the date stated above, at . 254 The CAUSE OF DEATH * was as follows: The CAUSE
whi	ich empleyed (er empleyer)	***************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Whi	RTHPLACE (State or country) Maryl		Contributory My ocur ied insufficiency
Whi	10 NAME OF FATHER James		Contributory My ocur ied woulf crewy. Socondary Minch for www mia (Durellon) (Signed) Dec 20th 5
E C C C C C C C C C C C C C C C C C C C	RTHPLACE (State or country) 10 NAME OF FATHER James 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	and	Contributory My ocur ied woulf crewy boondary men ma (Burelloo) yrs. ? mos
White S is a second sec	RTHPLACE (State or country) 10 NAME OF FATHER James 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Eliz 13 BIRTHPLACE	and Williams	Contributory My Occurs ied cyruff centry Secondary My Occurs ied cyruff centry My Occurs ied cyruff centry My Occurs ied cyruff centry Messer ied (Burelleo) State the Disease Causing Drath, or, in deaths from Violent Causis, state (I) Means of Injunt; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the
S L N S L N	RTHPLACE (State or country) 10 NAME OF FATHER James 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER NAME	and Williams yland a Offer yland	Contributory My occurs ied cyacyf. Causey Secondary Minch Marine Ma (Burstles) (Signed) Dec. 20th 161 5 (Address) TY HOSPITAL *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the



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chopneumonia (secondary), 10 ds. Never report mere on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) (name origin; "Caneer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which



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1 PLACE OF DEATH 21295/	STATE OF MARYLAND
County Bultanewer	CERTIFICATE OF DEATH
Village or City Garrans (No 50.	Registration Dist, No
FULL NAME William	give its NAME II
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED	(Month) (Day (Y
ORGINORCED (Write the word)	i HEREBY CERTIFY, That I attended deceased hay 1915, to 2012
(Month) (Day (Y	that I last saw hair alive on Die, 23
Tage if LES 1 day,	The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession, or particular kind of work.	Sently
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 3 mos
9 BIRTHPLACE (State or country) md	Contributory Secondary
10 NAME OF FATHER Mulenown	(Signed) Januar Mulaon
11 BIRTHPLACE 1- OF FATHER (State or country)	*Streethe Dispass Causing Dearth on Indicate Constitution
12 MAIDEN NAME OF MOTHER	*Stiffe the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, if not at place of death?
(Address) 922 madison au	USUAL residence
16 0/00 94 5 M 9 Ton F	- London all Vers
Flied V. C. 1910	6 1 111 111
	Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head (Recommendations on statement of For vio-



V. S. No. 1.

N. B.

	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
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	20	5	OCCUPATION is very important. See instructions on back of certificate.
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Coun		OF DEATH	21296			STATE OF MA CERTIFICATE O	
Villag		Bay View As	(No	,	HOSPI	Rogistration Di	[If death occurred in a hespital or institution give its NAME instead of street and number.]
	² FL	JLL NAME EL	izabeth Jo	ones			
		NAL AND STATIS		LARS_		MEDICAL CERTIFICATE	DE DEATH
F en	x nal e	Black	MARRIED, ME WIDOWED OR DIVORCED (Write the word)	arried	16 DATE OF	December (Month) EREBY CERTIFY, That 1 at	20th , 1915 (Day) (Year
7 AG	** (Month) (Day) . 7.855 (Month) (Day) It LESS than 1 day, hrs.				that I last	saw h er alive on Dec eath occurred on the date st E OF DEATH * was as follow	ember 20thors
par (b) bus whi	General nati	ission, or of work ure of iodustry tablishment in (or empleyer)				erebral hem	yrs. mos.
	10 NAME FATHE		inia		(Signed)	(Qurallon)	OSPITAL M
UNKNOWN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME		Dec. 20 *Sta Causes, Suicidal	to the Disease Causing Dratti, or state (1) Means of Injury; and or Homicidal.	in deaths from Violent (2) whether Accidental,			
PA	13 BIRTH	PLACE THER or country)			OR RECEN		INSTITUTIONS, TRANSIEN
	(Informant)	IS TRUE TO THE BES	ST OF MY KNOWLE	DGE	Where was dist if not all place Farmer or usual residence	w.T. let	w + +
15	(Address	3)	Mi .	10	19 PLACE O	auvun	12/73, 191.
File	10 /2/	2/1915	Mulan	V Ques REGISTRAR	20 UNDERT	AKER B. Pue	187 E. Mullian

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEETH, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stifted SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Struck state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway train-accident; Revolver wound "Coma," (mercly symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-Poisoned by carbolic Never report mere "Atrophy," "Colacid-probably ("Con-



BINDING

FOR

RESERVED

MARGIN

Coun	PLACE OF DEATH by Baltimon 21297	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIag	ge or City Tight auttown (No. 604 & Still /	Registration Dist. No. Boulding St.; Ward [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je.	anal White the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from, 191, te, 191, that I last saw h
7 AGI		and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
par (b) bus whi	CUPATION) Trade, profession, or ticular kind of work) General nature of industry iness, or establishment in chempieyod (or employer) PTHPLACE (State or country) Salto Ci.	Premotine Birth (5 mos setero-gestation) (Burallon) yrs. mos. ds. Contributory Secondary
RENTS	10 NAME OF Searge M. Jurs 11 BIRTHPLACE OF FATHER (State or country) Ballo Co. 12 MAIDEN NAME // P. C.	(Signed)
¥ ф.	of Mother Aslen Stops 13 BIRTHPLACE OF MOTHER (State or country) Ballo Co. IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Seorge M. Jews.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yea. mea. de. State, yea. mea. ds. Where was disease contracted, if und at place of death?
16 File	(Address) 604 S. Bouldin S. Dec 38, 1919 Ce Hel Yacus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL
	If more blanks are needed address State Registres	W Savetone St Raite Paguestine V S No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, House naid etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that act may be indicated thus: Farmer (retired 6 yrs.]. For persons who have no occupation whatever. write Noneo

Statement of Vause of Death—Name, first, the DISEASE NAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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state pinous OCCUPATION PHYSICIANS RECORD PERMANENT statemen EXACTLY. classified. pinods THIS properly pe suppl may WITH terms, should AINLY, plai Information 2 DEATH 6 Item OF ш

UNFADING certificate. ō on back Instructions See mportant. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred le a hospital or institution. give Its NAME Instead of street and number. 1 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from 12 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH* was as follows: OR ? _______ds. OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment In (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs, mos. ds. State yrs, ___ Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (Intermant) usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

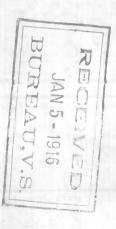
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons ucss. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Honsework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uce-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of ocenpa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerpenal septichaceause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for The contributory Measles (disease eansing death), 29 ds.; "Scuile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



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-:		N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. P should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact:	CONTINUATION IN COMPANY SOOP INCOMPANY OF DESCRIPTION OF THE PROPERTY OF CONTINUE OF THE PROPERTY OF THE P
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	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Cour	nty 2000 21299 (Y	Registration Dist. No.
Villa	2 FULL NAME Stauley Kscer	St.; Ward) [if death occurred in a hespital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	all White Single, MARRIED Married WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH OLE 3 , 1915 (Month) (Day) (Year)
6 04	(Month) (Day) (Year)	that I last saw h was alive on Aug. 3/ 1916°
7 A G		and that death occurred on the date stated above, at I of Rem The CAUSE OF DEATH * was as follows:
Da (F	CCUPATION a) Trade, profession, or articular kind of work b) General nature of lodustry usiness, or establishment in	Unonic bleesters believes Tuberculors.
	ilRTHPLACE (State or country) Ruissies	Contributory Secondary
NTS	11 BIRTHPLACE 11 BIRTHPLACE OFFATHUR OFFATH	(Signed)
PAREN	12 MAIDEN NAME OF MOTHER LAKE BEKOUCHISK	*State the PIMPASE CAUSING DEATH, for, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
× ×	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deeth yes mat ds State, yes mee ds Where was disease contracted, Multinarium
AGO	(Inserted)	Former or usuel residence 65.7 W Fazette & X
15	100 // (Address) 100 // (191 6 Mulan Bail REGISTRAR	John Greflockes God & Pace
	If more blanks are needed, address State Registrar,	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcian, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line write None. Statement of Occupation-Precise statement of occupa--Coul mine, etc. The material worked on may form part Wonien at home, who are engaged in Never return "Laborer," If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Icobar pneumonia, Bronchopneumonia ("Pneumonia," Icobar pneumonia, Bronchopneumonia of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonifis," etc. etc., when a definite disease can be accertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible eause. Always qualify all diseases resulting from ehildon Nomenelature of the American Medical Association.) under the head of "Contributory." to determine definitely. Examples: Accidental drowning: or miscarriage "Coma," The nature of the injury, as fracture of skull The contributory (seeondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere "Atrophy," (Recommendations "Exhaustion," ACCIDENTAL, wound

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT BINDING FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH CAUSE OF I

V. S. No.

County Balto 21300	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Gity Prightandtown (No. 508	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE SSINGLE, MARRIED, WIOOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Wile 7, 1915	that I last saw h ally Cor let 1 last saw h ally Cor let 2 1915
(Month) (Day (Year) 7 AGE It LESS than 1 dayhrs. yrs	and that death occurred on the date stated above, at GP m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, protession, or particular kind of work	Mackarley
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) State or country)	Contributory Clead Gosa Secondary
10 NAME OF AUGUST Nafer.	(Signed) Adverse) Z48 So Thurd.
12 MAIDEN NAME OF MOTHER MACADINE MACADINE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Balto County le	of death yrs mos ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) august Majer	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) 508 So Therteenth S	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Con 18, 1915 - M. E. M. C. C. Marchae	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Ni Approved by U. S. Census and American Public Health Association.]

Inpplies to each and every person, irrespective of age. cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many of or many occupations a single word or term on the entire time will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive ction is very important, so that the relative healthful-(a) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. As examples: The question "Foreman," engineer.

"Croup";) lesis of lungs, meninges, peritonaeum, etc., Pneumonia"); Lobar pneumonia; Bronchopneumonia prospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid (avoid use of

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Can-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," Never report For VIO-

ence. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



V. S. No. 1.

/	1 PLACE OF DEATH	STATE OF MARYLAND
Co	ounty Baltimore County 21301	CERTIFICATE OF DEATH
		Registration Dist. No. 33
Vii	liage or City Owner Mills (No,	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	FULL NAME alexander Emelius	Halleman
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	rale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH LONG 5 , 1915 (Month) (Day (Year)
3 D	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	Aamuan 1 1853 (Month) (Day (Year)	that I last saw h image alive on 2004 4 mm, 1915
TA	If LESS than t day,hrs.	and that death occurred on the date stated above, at 2/5 00, m The CAUSE OF DEATH* was as follows:
8.0	OCCUPATION ds. OR min. ?	100
(1	a) Trade, protession, or manufactures of many	Chrome Interdilent
(b)) General nature of Industry,	Replintio
	siness, or establishment in nich employed (or employer)	(Buration) / yrs. mos. d
9 B	(State or country)	Contributory Orlered Sclerosio
	10 NAME OF FATHER	(Signed) TYNSLAGE M
S	11 BIRTHPLACE	Sect 5 131 5 (Address) Reisters Corner
L	OF FATHER (State or country) Many and	(Audross)
PARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideN TAL, SUICIDAL, or HOMICIDAL.
4	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS) At place
_	(State or country) Manyland.	of death yrs mos ds. State yrs mos d Where was disease contracted.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at placs of death?
	(interment) Nillen fall (man)	Former or usual residence
	(Address) O wmap millo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Toudou Part Cenelling Die 7 4 , 191 5
FI	led Drc. 5th 1915 It molecular	20 UN DERTAKER 1 1 1 ADDRESS CACHARO
	NEGISTRAR	Olany W. Jenkins Loons Co Mc Culloh 20

If more blanks are needed, address State Registrar, 6 Francin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) Never report For vio-



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS-should state CAUSE OF DEATH In plain terms, so that it, may be properly classified. Exact statement of OCCUPATION sery important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1. N. B.

PLAGE OF DEATH	STATE OF MARYLAND
hat:	CERTIFICATE OF DEATH
County Lathenore	25
	Registered No.
Village or Give Arlen Store 112.	Displayed the [If death occurred in
Village or City / Yunflow (No. 1/0)	Ward) [If death occurred in a hospital or institution,
	give its NAME instead
FULL NAME luz abeth	Mary [Celley of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5	16 DATE OF DEATH
WIDOWED, Wallet	(Month) (Day) (Year)
temple White (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	
837	1915, to Dec 2, 1915,
(Month) (Day) (Year)	that I last saw h.es alive on Q 0 195
7 AGE If LESS than	
1 day,hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
FOCCUPATION	
(a) Trada, profession, or	Arabatan Mely two.
particular kind of work	
(b) General nature of Industry,	***************************************
business, or establishment in the which employed (or employer)	(Duration) yrs. mos. / O.ds.
State or country)	(Secondary)
Monna	(Chronie) (Duration) 2 yrs mos ds
10 NAME OF	100 201
FATHER DE LANGUAU	(Signed)
UN 11 BIRTHPLACE	Dec 1, 1915 (Address) 38 49 Roleind of
Z (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
& 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
M. Down	Former or
(Informant)	usual residence
(Address) 10 Dorchester Che	19 PLACE OF BURIAL OR MEMOVAL DATE OF BURIAL
(AUDIESS)	Xausol and Who 5
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Filed Dec. 4, 191) Mat 1 Julien	ADDRESS
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if more blanks are needed, address State Registrar 6	E. Franklin St., Balto., Requesting V. S. No. 1.



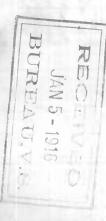
REVISED UNITED STATES STÅNDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." injury, as fracture of skuli, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage, as "Pursperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ___ is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of __ (name origin; "Can-Examples:



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. properly supplied UNFADING may certificate. 50 back terms. hould uo plain Instructions Information = DEATH Jo Item OF mportant. CAUSE

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4-COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) (Day (Month) (Year) HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date t day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ---9 BIRTHPLACE (State or country) Contributory Secondary Duration 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs, __ Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Cemeter 15 Schwar 20 UNDERTAKER ADDRESS REGISTRAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has (6)

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valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report eause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequenees (e.g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head (Recommendations on statement of death), 29 ds.;



CERTIFICATE OF DEATH CCUPATION IS Registration Dist. No If death occurred inWard) a hospital or Institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE, MARRIED. MARRIED, Marve (
Write the word) 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in ...yrs..........mos. which employed (or employer) BIRTHPLACE Contributory. (State or country) Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER pla 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Instruct 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. DEATH State Where was disease contracted. If not at place of death? Every, item c CAUSE OF important. S Former or usual residence DATE OF BURIAL 15 Filed Dec & vi

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits cau be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis etc. The contributory (secondary or intercurrent) oma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report For vio-



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Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE MARRIED. Married WIDOWED, (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF 11 BIRTHPLACE 1915 (Address) \ PARENT OF FATHER (State or country) *State the DISEASE CAUSING TEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place OF MOTHER (State or country) State yrs. ____ mos. Where was disease contracted, If not at place of death?-Former or osual residence. DATE OF BURIAL 15 20 UNDERTA Ballimore If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendatious on statement of For VIO-



		N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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Y. B. No. 1.		Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it more important. See instructions on back of certificate.	
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PLACE OF DEATH	STATE OF MARYLAND
B. C. 21306 (%	CERTIFICATE OF DEATH
County Catto	32
11' -	Registration Dist. No.
Village or City Collegeor (No. 102)	Ward) [If death occurred in a hospital or Institution,
	give its NAME instead
FULL NAME Stella . My	of street and number.]
-FULL NAME	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, ALEXANDER	16 DATE OF DEATH
WIDDWED, ORDIVORCED	(Month) (Day) (Year)
Lewale Write the words	17 I HEREBY CERTIFY, That I attended decaased from
6 DATE OF BIRTH	SER 157, 191 5, to LEC 31d, 191 5.
(Month) (Day) (Year)	that I last saw h W allve on Lec 31 d 191 5
7 AGE It LESS than	and that death occurred on the date stated above, at P. m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
23 yrs	Oulmman Juleveulous
SOCCUPATION	Carles in Strele leurs
(a) Trade, profession, or afformed a particular kind of work	
(b) General nature of industry,	24
business, or establishment in which employed (or employer)	serval year (Ouration) yrs mos ds.
BIRTHPLACE	(Secondary) Lulium : any hecumbay & Exthausty
(State or country) /2 alta	7.
10 NAME OF	Ort. Alberta
FATHER Chas-C. / Ling	(Mighton)
11 BIRTHPLACE	Lec 4 , 191 5 (Address) 4836 Tack Heghlotter
OF FATHER (State or country) Balto	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER USALAND 14 BIRTHPLACE OF ACTUAL 15 BIRTHPLACE OF ACTUAL 16 BIRTHPLACE OF ACTUAL 17 BIRTHPLACE OF ACTUAL 18 BIRTHPLACE OF AC	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Greateldy M. ofmon.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
(State or country) Aalto. M.d.	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Patie CArring	Former or
10 1. 4-60	usual residence.
(Address) 102 Darchester (4)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Mar - Arm GO	L'alstana Cludley 191
Filed 1915 1915	20 UNDERTAKER ADDRESS
REGISTRAR	we como vove york.
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc.. Carcinologies, peritonaeum, etc.. Carcinol

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal scptichar mus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maran "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." ample: Mcastes (disease causing death), 29 oma. Surcoma. etc., of ... Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: d8.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.-Every Item of Information should be CAUSE OF DEATH in plain terms, so

1 PLACE OF DEATH 21307



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in a hospital or institution, give its NAME instead

PERSON	AL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH
emale	4 COLOR OR RACE SINGLE MARRIE WIDOW ORDING ORDING	ED, Manne	16 DATE OF DEATH DEC 121 (1915) OLC (Month) 121 (Day 1915 (Year)
ATE OF BIRTH	24.1		17 I HEREBY CERTIFY, That I attended deceased from 23 1915 to DEC / 25 1915
do	(Month)	24, 1875 Day (Year)	that I last saw her allve on Dee 1 sh 1915
GE	1/0 0	ed t day her	and that death occurred on the date stated above, at 320 pm
	TOyrs Tmos		The CAUSE OF PEATH* was as follows:
CCUPATION 1) Trade, profession,	or 21 cm	- 0	Themiconia
articular kind of wor) General nature of	k	***************************************	
siness, or establishich employed (or en	hment in	-wife	(Duration) yrs. mos. 9 da
IRTHPLACE (State or coun			Secondary & Xhaus tun
10 NAME OF	Capper Fr	raft	(Signed) E. U. Ourcar M. O
OF FATHI (State or	ER //	Avanie 1	(ADDRESS) VOLCECO:
12 MAIDEN N	IAME JA J	20.0	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLA	mary	asle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT REPOENTS)
OF MOTHE (State or	country) Jenn	release	Af place of death yrs mos ds. State yrs mos ds
THE ABOVE IS	TRUE TO THE BEST OF MY	KNOWLEDGE	Where was disease contracted, If not af place of death?
(Informant)	n Chas. Kl	utch	Former or usual residence
(Address)	Governo !	md	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	~ 1/4 41 4) /	restylerian (Ly Govan Der 3, 1915
A/\ // // //	h /// ///	177 14	20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers minc, etc. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name orlgin; "Caninjury, as fracture of skull, and eonsequeuces (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanitlon," "Marasthenia," "Anacmia" (mcrcly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection ueed not be stated unless important. ture of the Americau Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Measles "Scuile," cte.), "Dropsy," "Exhaustlon," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1946 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

V. S. No. 1.

Village or City Platen seelly No. Abreng	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred in a hospital or instillation, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Sec / 1915 (Month) (Day) (Year)
6 DATE OF BIRTH Selst 45, 1840 (Month) (Dey) (Year)	that I last saw h Malive on Sec. 1915,
7 AGE If LESS that 1 day, hrs OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) Generat nature of industry business, or establishment in which employed (or employer)	leeulral Benurhoge (Burallon) g. yrs mos (s. Michs.)
9 BIRTHPLACE (State or country) Many Country) 10 NAME OF FATHER	Contributory Secondary Domaille yrs mos ds. (Signed) M. 0.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY OF MOTHER MANY OF MOTHER MANY MANY MANY MANY MANY MANY MANY MANY	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manylund	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. Where was disease contracted,
(Informant) Market of the BEST OF MY KNOWLEDGE	if not at place of deeth? Former or usual residence
(Address) 1423 Henry M. Cely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DE 12, 1915
Filed De 18, 1915 Marshall /3 Wish	20 UNDERTAKER Well Cook 9 due 7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE. CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day loborer, Form laborer, Laborer only when needed. As examples: (a) Spinner, (b) Collon mobile factory. mill; (a) Salesman, (b) Crosery; (a) Foremon, especially in industrial employments, it is necessary to business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever spinal meningitis."); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic ccrebrocausing death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE and causation), for the same disease. Examples: Cerebrospinal (never-report "Typhoid using always the same accepted pneumonia");

> genital," under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerpenal septichumia," "Heart failure," "H::emorrhage," "Inanition," "Maras-mus," "Old Age," "Shoek," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercureough; Chronie valvular heart discose; Chronic interstitiui "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, ctc., Carcinoma, Soreoma, ctc., of Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which Never report mere "Atrophy," "Exhaustion," ACCIDENTAL, ("Con-

the cortificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City bandon (No. 829.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temak White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h & alive on Sec 9 1915
/ yrs 3 mos 26 ds 1 day,	and that death occurred on the date stated above, at do m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Measles
business, or establishment in which employed (or employer) Balta. Cu. Md.	Gontributory Broucho, Prancusoma Secondary
10 NAME OF Elleworth C, Kingles 11 BIRTHPLACE OF FATHER (State or country) Balto, Md.	(Signed) JU. J. Mean oy, M. D. Sico 9, 1915 (Address) 839, S. Ellewood
12 MAIDEN NAME OF MOTHER Elsie LO, Missel 13 BIRTHPLACE OF MOTHER BODG MAD	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOSICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
(State or country) / S accos / MA) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Elsee D. Knight	of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 829 S. 7 hand St. 16 Filed / 2 / 9,191 & Maria haw	19 PLACE OF BURIAL OR REMOVAL My. Carmel Cemetry Dec. 10, 1915 20 UNDERTAKER O Likler & Likler 32040000000000000000000000000000000000
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcine

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT
3 s	ace White Single, Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH
certifi	ATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive of
Pack of	GCUPATION 1 LESS than 1 day, hrs. or min.?	and that death occurred on the CAUSE OF DEATH * wa
34	orticular kind of work Outstreet Merchant b) General nature of industry Taylor	
ž W	islness, or establishment in hich employed (or employer) IRTHPLACE (State or country) Output Output	Contributory Cole
nportant. See Instruc	10 NAME OF FATHER Trank Weetling 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) State the DISEASE CAUSING CAUSES, state (1) MEANS OF IT SUICIDAL OF HOMICIDAL.
is very important. See instruc	10 NAME OF FATHER GENERAL OF FATHER (State or country) On abrick General OF FATHER OF FATHER (State or country) On abrick General OF FATHER (State or country) On abrick General	(Signed) 3, 191 (Address State the DISEASE CAUSINI CAUSINI, state (1) MEANS OF IT

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution. give its NAME Instead of street and number.

TE OF DEATH (Day) I attended deceased from ., 191..... te stated above, atm. ollows:

H, or, in deaths from VIOLENT

and (2) whether ACCIDENTAL. TALS, INSTITUTIONS, TRANSIENTS,

In the State, yre. mns. ds,

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease Causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, Locomolive engineer, For persons who have no occupation whatever The material worked on may form part If retired from without more (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"; Lobar pneumonia. Bronchopneumonia ("Pneumonia," meningitism, is indefinite); Tuberculosis of lungs, meningularity.

under the head of "Contributory." and consequences (e. g., sepsis, tetunus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, birth or misearriage as "Puenveral septichurmia," cause. Always qualify all discuses resulting from childetc., when a definite disease can be accertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. "Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intereurcough; Chronie valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver State cause for which Never report mere (Recommendations nound



County Baltman	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	8. East Cover; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Writs the word)	16 DATE OF DEATH DEC. 3 (Month) (Day) (Year)
May 6 18 43 (Month) (Day) (Year) 7 AGE If LESS than 1 day,	that last saw har alive on Sic. Jan. 1915 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
yrs	Contributory Crile Selsily
10 NAME OF FATHER Frank & chaefer 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) SEC. 4. 1915 (Address) 1001 Misquist To State the DISEASE CAUSINO DEATH, or, in deaples from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIOAL.
of MOTHER line a le Gross 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Control of the state of the delegation of the state of	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs In ths of death
16 Dec, 4, 181 CB, Allaula	John Removal John Redeemer Cen DEC 6, 191 5 20 UNDERTAKER Jilly Es Film 403 8. Nofe
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. At the occupation has been changed or given up on account of the disease causing Death. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic vatvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important, Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptoniatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated un"er the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)





Coun	ty Balt	imore	21312	(m)		STATE OF MA
Villag	ge or City	Bay View Asyl	um(No	CITY H	OSPITAL.	Registration D
	² FULL	. NAME	James	Lawren	ic e	
	PERSON	AL AND STATIS	TICAL PARTICU	LARS		MEDICAL CERTIFICATE
3 ser		Black	MARRIED, WIDOWED OR DIVORCED (Write the word)	ingl e	16 DATE OF DE	December (Month)
6 DA	TE OF BIRTH	(Mon		, 1.880 (Year)	Dec.em	REBY CERTIFY, That I a lber 9, 191 5, to Dec
7 AGI		35 yrs		If LESS than 1 day, hrs. OR mla.?	and that deat	th occurred on the date s OF DEATH * was as follo Aphilitic a
(b) bus white	General nature e	ork	**************************************		Contribute Becondary	ortie into
	10 NAME OF	James	Lawrence		(Signed)	4 (Buration)
ENTS	11 BIRTHPLA OF FATHE (State or	country) Geor	giáunknow	11	*State t	the Disease Causing Death, of
PAR	12 MAIDEN N	Mari	a (unknow		Commence of the Commence of th	te (1) Means of Injury; and Homicinal. RESIDENCE (FOR HOSPITALS,
		ER		DGE	At piece of deathyrs. Where was disease if not at piece of	
15		6		2	CF-17-17-17-17-17-17-17-17-17-17-17-17-17-	URIAL OR REMOVAL
	12/17	1915 1	Irram,	Baix	20 ONDERTAK	ER/ luday

I DI ACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF	DEATH
Registration Dist. I	No. 41
St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
ICAL CERTIFICATE OF	DEATH
December (Month)	(Day) (Year)
CERTIFY, That I attend	
9, 1915, to Dece	mber 151915,
curred on the date state	
	dabove, at
EATH * was as follows: hilitic ao	titi3.
tie intuf	: Cleudy
Myo cardial	yrs. moa. ds.
a go go with	D'
(Buration)	yre mee ds.
5 (Addres SITY HOS	BPITAL.
REASE CAUSING DRATH, or, in d Means of Injury; and (2) with the control of the co	esths from Violent whether Accidental,
DENCE (FOR HOSPITALS, INST	ITUTIONS, TRANSIENTS,
mes. 6 de. Siste,	уга

OR REMOVAL DATE OF BURIAL

St.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekespers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Publiperal septichaemia," "Publiperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state means of injury and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere wound



V. S. No. 1.

N. B.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

=

Ocunty Place of DEATH 21313 Village or City Morrell Lark (No. 2) FULL NAME Rebecca &	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Placale White Single, MARRIED, WIDOWS Parried OR DIVORCE (Write the word) DATE OF BIRTH May 3. ed 1853	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914 to 15 1914
7 AGE (Day (Year) 7 AGE (If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date attack above, at 430 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) Zyrs mas ds.
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Doration) yrs mos ds. (Address) (Doration) yrs mos ds. (Signed) (Doration) yrs mos ds. (Address) (Doration) yrs mos ds.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST BY MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted,
(Address) Low St Morrell Park (Address) Low St Morrell Park Filed Dec 16, 1915 7-14-Publi REGISTRAR	To not at place of death? Former or usual residence. 19 FLACE OF BURIAL OR BEMOVAL LESTENS COMMENT STATES ADDRESS ADDRESS ADDRESS Far, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

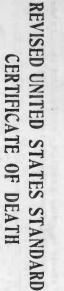
who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County dance vive	Registered No. 32
Village or City Xowardwelle (No	St; Ward) [If death occurred is a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, MARNIED, WIDOWED, WINDOWED, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended decreased from
Oant Chou (Month) (Day) (Year)	that Hast saw h allve on 191
Page If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at 2:30 ac m. The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or Saborer (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Most Indies	(Secondary) (Secondary) (Ouration) (Secondary) (Secondary) (Ouration) (Secondary) (Secondary)
FATHER Dank Know	(Signed Levell Shapeth Contract) , 191 (Address) Phisnith
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Dand Ilnau	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos ds.
Informant) Informant	Where was disease contracted, if not at place of death? Former or usual residence.
Filed Dic. 18 1915 Hong a Maylor REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OL. ST. 191.5. 20 UNDERTAKER OL. St. Hagt Riperbulk
Il more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (d) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaithed, is indefinite); Tubereu-losis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuesperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Naras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merciy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. pant peoplasms) : Measles; Whooping cough : Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver round of head-homicide; Polsoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of _ (name origin; "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916
BUREAU, V.S.

INK-THIS UNFADING WITH

No. υż

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT EXACTLY. classifled. AGE supplied. msy certificate. -DEATH in plain terms. See instructions on back of information WRITE CAUSE OF Important. Every m

PLACE OF DEATH 2FULL NAM PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE DATE OF BIRTH (Month) 7 AGE OCCUPATION (a) Trade, protession, or particular kind of work.

(b) Beceral nature of industry,

bosiness, or establishmaet in

which amployed (or amployer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

ARENTS

5 SINGLE.

MARRIED.

WIDOWED, (Write the word)

(Day



(Year)

If LESS than

1 dayhrs.

OR min. ?

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.:

fit death occurred la

Luga	dow	a hospital of give its NA of street and	ME instead
MEDIO	CAL CERTIFICATE O	F DEATH	
18 DATE OF DEATH	Descuber		, 191
	(Month)	(Day	(Year)
	EBY CERTIFY, That		
770. 30,	, 191.5, to 2	29 27	191.4
that I fact saw h	alive on Dec.	2.7.	, 191.5
and that death as	λ	. 17	20
and that death occurr		above, at	n
The CAUSE OF DEAT	TH* was as follows:		
***************************************	Α		********
Brown	cho - Prenu	ruia	

	***************************************	***************************************	
Secondary	Seculty (Doration)	yrs	
(Signed)	Davidu	J. Kones	, M.
ARR 30, 1014	(Address) 3/16	all crus 11.	01
V			
*State the DISEAS CAUSES, state (1) TAL, SUICIDAL, OF H	RE CAUSING DEATH, OF MEANS OF INJURY; as OMICIDAL.	, in deaths from	M VIOLEN
	ENCE (FOR HOSPITALS		
OR RECENT RESIDEN	TS/	, INSTITUTIONS, T	RANSIENT
At place	mos ds. State	WPG .	
Where was disease contrac	ted	J12 m	02
if not at place of death?	icu,		
Former or		***************************************	****************
usual residence		Z	
19 PLACE OF BURIA	OR REMOVAL	PATE OF BU	PIAL
MN C.	000	1	
1 Cara	my cery	M	191
20 UNDERTAKER	- 40	ADDRESS	1.7
X	CRULLINVA.	. VI MAT	MA

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanitlon," "Maras-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of



4 YSICIANS should OCCUPATION IS RECORD PERMANENT O THIS XX pe UNFADING may WITH plain Instructions 2 WRITE 0 ō mportan Every It B z

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. fif death occurred in Ward) a hospital or institution. give its NAME instead of street and number. ? * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIEO, WIDOWED (Month) (Day) OR OLVORCEO I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer), Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo fhe OF MOTHER (State or country of death yrs. mos. State Where was disease confracted. if not at place of death?.. Former or usual residence. BUNAL OR REMOVA DATE OF BURIAL 15 if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies of lungs, meninges, peritonacum, etc...

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scotichuc-"Heart failure," "Haemorrhage," "Inanition," "Maras. thenia." "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Craemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of . LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



PLAGE C	OF DEATH	all Edeler inc	STATE OF MAI	RYLAND
County	Q401M	No. of the same	CERTIFICATE O	F DEATH
	21317	(26)	Registration Dis	st. No.
Village or City	(No			[If death occurred in
² FUL	L NAME Many L'	nengo		a hespital or institution, give its NAME instead of street and number.]
PERSON	IAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE O	F DEATH
female	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	gla 16 DATE OF	Dec (Month)	13 (Day) , 1915`
G DATE OF BIRTH		1893 au	9 26, 1915, to 5	ended deceased from
7 AGE		LESS than and that de	ath occurred on the date sta	
2 2		min.? The CAUSE	OF DEATH * was as follow	/s:
B OCCUPATION (a) Trade, profession		***************************************	alles	<i>O</i> ,
particular kind of	work steamstress	100000000000000000000000000000000000000	fuemon	
(b) General nature business, or establ which empleyed (or	lishment in	***************************************	(Ourstion)	yrs. mos. ds.
9 BIRTHPLACE (State or counts		Contribu Secondary		***************************************
10 NAME OF	John Soreme	(\$Ignad)	2. S. Cova	yrs
Z OF FATHY (State or	(CÉ ER country) Russia	Dec-13	the DISEASE CAUSING DEATH, OF	in douths from Violence
Z OF FATHI (State or 12 MAIDEN OF MOT	NAME /		tate (1) Means of Injury; and (2 of Homicidal. FRESIDENCE (For Hospitals, 1)	
13 BIRTHPLA OF MOTH (State or	country) Russia	At pisce of desth	RESIDENTS) In the state, State,	(a. yrs
14 THE ABOVE IS	TRUE TO THE BEST OF MY KNOWLEDGE	Where was dissa-		<u> </u>
(Informant)		Former or usoal residence .	633 Palla	nel St
(Address)		19 PLAGE OF	BURIAL OF REMOVAL	DATE OF BURIAL
Filed 12/13	, 1915 Miriam	Ball 20 UNDERTA	General Grandes	ADDRESS Paca)
/	If more blanks are needed, address State I	legistrar, 6 W. Saratoga S	St., Batto., Requesting V. S. No. 1.	



9

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, ness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulthe duties of the household only (not paid Housekespers precise specification as Doy laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mobile factory. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, Statement of Occupation-Precise statement of oecupa--Coal minc, etc. Women at home, who are engaged in For persons who have no occupation whatever The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," genital," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; Struck by rainjuly train—accident; Revolver wound of or miscarriage as "Puenpenal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness," "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurg., sepsis, tetanus) may be stated State eause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PEC15 1915
BURRAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS apould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Towery

See Instructions on back of certificate.

Important.

m ż

RECORD

PERMANENT

1 PLACE OF DEATH

Baltimore

21318

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. #2
Village or City St. agnes Thospital 2FULL NAME Mr. Cornelius &	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single ### Teb 24, 1851 (Month) (Day (Year)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, to 1915, that I last saw have alive on 18 DATE OF DEATH (Year) 1915, that I last saw have alive on 1915
TAGE 3 + yrs 9 mos 20 ds or min.? **SOCCUPATION** (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 1.30 m. The CAUSE OF DEATH* was as follows: Hougette Sowel-obstruction— Local pentonitic (Duration) yrs. mos. ds.
which employed (or employer) 9 BIRTHPLACE (State or country) Maryland	Contributory Valorulus of Calcium Secondary (Ouration) yrs mos 5- ds.
11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed) Cauring Joseph M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents or Recent Residents At place In the of death yrs. mos. 2 ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss Mary Laughnan (Address) Ellicott City, Md. 16 Filed Sec 14, 1915 Welland Saludal	Where was disease contracted, if not at place of death? Former or usual residence. Clicott. City Ind. 19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL 20 UNDERTAKER ADDRESS
Malia Recierban	S. Milloures on the or of the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: causing death, state occupation at beginning of illshould be taken to report specifically the oeeupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is neewho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as mine, etc. fieation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fraeture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaccte,, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases, resulting from (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion," For VIO-



Cour	PLACE OF DEATH Baltimore 21319	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City (No. CITY HC	Registration Dist. No. 41
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 se Mal	MARRIED,DITTEL	December 21 st, 19 (Month) (Day) (Ye) 17 I HEREBY CERTIFY, That I attended deceased f
(b)	(Month) (Day) (Year) If LESS than 1 day, hrs. 65 yrs mes ds OR min.? CCUPATION) Trade, profession, or rificular kind of werk Daporer) General nature of industry siness, or establishment in ich empleyed (or employer)	that I last saw h. IM alive on December. 21 st 191 and that death occurred on the date stated above, at 6. If The CAUSE OF DEATH * was as follows: **Myscardial insufficiency** (Ouration) yrs. mos.
	(State or country) Maryl and 10 NAME OF FATHER Edward Luckett	Contributory arterio-sclerosis. (Ourellon) yrs. moe. (Signed) John E. Walker
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maioen Name OF MOTHER	*State the DIREASE CAUSING DRATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.
	Susan Dorsey 13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 E ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENTS) At place in the et death yrs. 1 mes. 5.ds. Stats, yrs. mes. Where was disease contracted, the new at place of deeth? Former or usual residences 1.705 Sprunt St.
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired or given up on account of the nisease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwrite None. mobile factory. Statement of Occupation-Precise statement of occupa-Coal mine, etc. various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from "Laborer,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," state MEANS OF INJURY and qualify as ACCIDENTAL, chopmeumonia (secondary), 10 ds. Never report meresymptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICINAL, or as probably such, if impossible surgical operation was undertaken. For violent neaths "Puerperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning. "Anaemia" (merely symptomatic), rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," "Coma," "Convulsions," The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Debility" "Atrophy," "Col-"Exhaustion," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

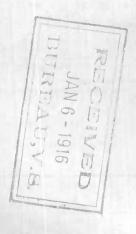
Coun	Ba	Persterator	2132	0		CERTIFICATI	MARYLAND OF DEATH Dist. No. [If death occorred in
	² FU	LL NAME Joh	lu 96:	Lyne	ch	· · · · · · · · · · · · · · · · · · ·	a hospilal or institution, give its NAME instead of street and number.]
Tá :	PERSO	NAL AND STATIS	TICAL PARTICU	LARS		EDICAL CERTIFICA	TE OF DEATH
3 SE	xale	4 COLOR OR RACE	S SINGLE, MARRIEO, WIDOWEO OR DIVORSED (Write the word)	idomes	16 OATE OF OE	(Mo	
6 DA	TE OF BIRT	H Jau		nn 1836	1	- 22, 191 J, to	Dec. 20,191.5
7 AG	E	79 yrs //	mos. 21 ds.	It LESS than 1 day, hrs. OR min.?		F DEATH * was as f	te stated above, at 12 n
) par	CUPATION) Trade, profesticular kind of) General natur	work // work	ner		/	Troncho-pr	elmond
bus whi	siness, or esta ich employed (RTHPLACE (State or coun	blishment in or employer)	Lound,	00	Contributo Secondary	11-10-	on yrs. I mes.
10	10 NAME O	F	e Lyn	1	(Signad)	Jamie	Jore M.
RENTS	12 MAIDEN	NAME ()	land.		*State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.		
4 0 14 TH	13 BIRTHPI OF MOT (State of	LACE HER Or country) Jal	land	COGE	OR RECENT RE Al place el desth yre. Where was disease of	mssds.	ALB, INSTITUTIONS, TRANSIENT In the State,
	(Informant)	Henry J. C	ohmey	<u></u>	Former or ueusl residence	oeth ?	
15	(Address)		r. VI-Ba	lleran	Rein		Leve 23, 191.5
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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salcsman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. "Foreman," "Manager," "Lealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomolive engineer, Civil The material worked on may form part If the occupation has been changed But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. on Nomenclature of the American Medical Association.) head—homicide; Poisoned by carbolic acid—probably "PUERPERAL peritonitis," etc. birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound "Puerperal septichaemia," State cause for which



A PERMANENT RECORD

	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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*	-Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.
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1 PLACE OF DEATH

STATE OF MARYLAND

County Daltimore	CERTIFICATE OF DEATH
(d)	Registration Dist. No. 42
Village or City St agres Warnestal;	St.;—Ward) If death occurre

age or City St (Grus World; St; Ward)	a hospital or inst
	give its NAME I
2 FILL NAME Names D. Lynch	or other and nam

FULL NAME Marris & Lynch	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White Single, Married, Widower, ORDIVORCED Wirte the word Married	18 DATE OF DEATH Describer 8 , 1915 (Month) (Day (Year)
Oct - , 1883 (Month) (Day (Year)	that I last saw have alive on Dec. 8, 1915.
7 AGE If LESS than 1 day,hrs, ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	
business, or establishmonf in which employed (or employer) BIRTHPLACE (State or country) Baltimase M. A.	Contributory My Contributory M
10 NAME OF FATHER Constanting Lynch. 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden NAME OF MOTHER OF MOTHER	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted, / / /
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Marries Lynch.	Former or usual residence. Catoureville, M.d.
(Address) Latousville Mg. 16 Filed See 6 1915 Walter G. Volumber	20 UNDERTAKER ADDRESS
If more bianks are needed, address State Regist	rar, 6 E. Franklin St., Bylto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tlou is very important, so that the relative healthfulcases, especially in industrial employments, it is necness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," nucre symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; cause for



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PERMANENT EXACTLY. 1 PLACE OF DEATH



STATE OF MARYLAND

Village or City Brighton- Maple (No. 12 MCC)	Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Usele Guile Single, Married, Walle Wille Wille Write the word)	16 DATE OF DEATH DEC /2 ,1912 (Month) (Day (Year)
G DATE OF BIRTH July (Month) (Day (Year)	that I last ssw has slive on Nee 12 1915
7 AGE 1 If LESS than 1 day,hrs. OR min.? 1 OCCUPATION (a) Trade, profession, or Pelicied particular kind of work.	snd that desth occurred on the date stated shove, at 11,06 P, m The CAUSE OF DEATH* was as follows: Broucho - Prumania.
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country.) Frequency	Contributory Ex - Cardine Rynedys Secondary
10 NAME OF FATHER Sauces The Councill 11 BIRTHPLACE OF FATHER (State or country) Included	(Signed) Trank Flaurery, M. B. State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tall, Suicidal, or Honicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) In count	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place I have a disease contracted, Bridge Ballow, Ballow, Ballow, Market B
(Informani) WM 1/4 Council (Address) 2017 N. Fullow avr	If not at place of death? Former or usual residence Bredleri Backs Come 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 Stee B 10. 17 Dyn. G. Quinn.	New Cathedral Dec. 15,1915

1201 W. Hagethel If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional live is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Harmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County..... Registration Dist. No If death occurred in Village or City (No..... St.:....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decea 6 DATE OF BIRTH (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. OR min. ? (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in 11 which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Duration) .. 9. 10 NAME OF (Signed) FATHER ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? Former or usual residence 15 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E Franklin St., Baito., Requesting V. S No. 1.

[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ctc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acelsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichacmus," "Old Age," "Shock," 'Traemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can Examples:



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1 PLACE OF DEATH	STATE OF MARYLAND
County Salfmine	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Church (No. Mo. 2 FULL NAME	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH REC (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	
Decluber 19th, 1915 (Month) (Day) (Year)	that I last saw h alive on, 191,
7 AGE If LESS than	and that death occurred on the date stated above, at
Alu bon 1 day, hrs. yrs, mos, ds, OR min.?	The CAUSE OF DEATH & was as follows:
OCCUPATION (a) Trade, profession, or Porce particular kind of work	The bon
(b) General nature of Industry business, or establishment in which employed (or employer)	(Quralion) yrs. mos., de.
9 BIRTHPLACE (State or country) Renton, Med Balthroilo,	Secondary (Burallen) 7 yrs. mor ds.
10 NAME OF PLEYANDER A. Hick owell	(Signed) Mians & Frid M. o.
11 BIRTHPLACE OF FATHER (State or country) Hew Mork, W. 4.	*State the Disease Causing Death, or, in deaths from Viglent Causes, state (1) Means of Injury; and (2) whether Accidental or Homicidal.
a of MOTHER Many D. Vail	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Balkiuse, Mid	At piece In the of deeth
(Informant) alex. The BEST OF MY KNOWLEDGE	If not el place of death? Former or usual residence
(Address) Rentin Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Alle 20, 191 V Janes Breuge	20 UNDERTAKER ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Heserved for all Mails	Thurs Hopkins Med College

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At schaal or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Gracery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ageness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return Locomative engineer, Civil If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pnemnonia"); Lobar pneumania, Bronchopneumania ("Pnemnonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisaned by carbolic state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Heeniorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicilarmia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Coma," "Senile," etc.), "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report mere "Atrophy," acid-probably



PLACE OF DEATH

Villa	ge or City Ruction (No. Mac	lvern Palst.; Ward)	[If death occurr a hospital or institution give its NAME insort street and aumit
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	TE OF DEATH
3 SE		16 OATE OF DEATH (Mo) (Mo)	
6 DA	E Stus boms mos ds. OR min.?	that I last saw halive on	, 1
(a par	CCUPATION) Trade, profession, or relative kind of work) General nature of Industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Still brown (Bural) Contributory Memori Secondary	
PARENTS	10 NAME OF FATHER CLEFANDER A. THES OWELL 11 BIRTHPLACE OF MOTHER WOLL D. Vail 12 MAIDEN NAME OF MOTHER WOLL D. Vail 13 BIRTHPLACE OF MOTHER (State or country) Rollhinge Md.	of deathyrsmosds.	Mashingto s, or, in deaths from Viol, and (2) whether Accident
	(Informant) Ally, N. Mcd, ruell (Address) Runton Hd.	Where was disease contracted, if not at place of death?	
15	ed Dec 20, 1915 Claux Frances	20 UNDERTAKER	AODRESS



[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Dealer," etc., without more precise specification as Day loborer, Furm luborer, Laborer state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (o) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -C'oal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia,", "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenpenal peritonitis," etc. State cause for which ctc., when a definite disease can be accertained as the chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart discose; Chronic interstitial cause. lapse," "Coma," "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Senile," etc.), The contributory (seeondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Atrophy," "Exhaustion,"



V. S. No. 1.

3 4*11 -	0:1		21326	(9)		ist. No. 41
Villa		LL NAME E	`			St.; Ward)	a hospital or institution give its NAME instead of street and number.
	PERSO	NAL AND STATIS	TICAL PARTICU	LARS		MEDICAL CERTIFICATE	OF DEATH
3 SE	x 'emale	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWEO OR OLVORCED (Write the word)	Widow	16 DATE OF	December (Month)	(Day) (Year
6 DATE OF BIRTH				Decemb	17 I HEREBY CERTIFY, That I attended deceased for December 11 , 191 5, to December 31 , 191 that I last saw h. S.T. alive on December 30 , 191		
7 AG		65yrs		If LESS than 1 day, hrs. OR min.?	and that de	eath occurred on the date st E OF DEATH * was as follow	ated above, at 7.15
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer).			Cerel	Jemouh Jeniple (Buration)	age lef gist mos,		
9 Bi	RTHPLACE (State or coun	Ireland	i		Contrib Secondar	(Duration)	yrs. mos.
S	FATHER 11 BIRTHPI	Unknown			(Signed)	31, 191 5 (Address C4)	tent Horn
Z OF ATHER (State or country) Unknown 12 MAIDEN NAME OF MOTHER			*State the Disease Causing Diath, or, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether Accidenta Suicidal or Homicidal.				
0		r country) Ur	iknovm		At place of death Where wes dise	ase contracted,	,yrsmos
		S TRUE TO THE BES	ST OF MY KNOWLE	EDGE	if not at plece Former or usual residence	of death ?	
15	(Address)	6		3	19 PLACE OF	- Latheral	DATE OF BURIAL
	12/3	191.5 /	man K	REGISTRAR	20 UNDERT	AKER LAPID X VX	ADDRESS



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screent, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foremon, especially in industrial employments, it is necessary to cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculasis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemio," "Puenperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "D "Heart failure," "Haemorrhage," nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritanaeum. etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by ruilway train-accident; Revolver wound of etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chapneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important to determine definitely. Examples: Accidental drowning, cause. "Ansemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," "Exhaustion," age," "Inamition," "Marascarbolic ocid-probably Never report mere



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

Village or City Hyhlaudtour (No. 809, 8.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hespital or institution, give its NAME instead of street and number.]
² FULL NAME 401 100	m. de de dit street and wuinder.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wilder Wilder Wilder	(Month) (Day) (Year)
6 DATE OF BIRTH DEC. 24, 1915 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from , 191, te, 191, that I last saw h alive on
7 AGE If LESS than 1 day,hrs. ORmin.? POCCUPATION (a) Trade, prefession, or particular kind of work Particular kind of work	and that death occurred on the date stated above, at Pam. The CAUSE OF DEATH,* was as follows:
(b) General nature of ledustry business, or establishment in which emplayed (or employer) 9 BIRTHPLACE (State or country) G D Harrier Co.	(Ourstion) yrs. mos. ds. Contributory Secondary
10 NAME OF William Mackery. 11 BIRTHPLACE OF FATHER (State or country) Batto. City. 12 MAIDEN NAME OF MOTHER BALLS	(Signal) (Signal) (Signal) (Signal) (Signal) (Signal) (Addrama) (But the Dispase Causino Dhath, or, in deaths from Violunt Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al placa in the af death
(Informant) William Mackery (Address) 809 8. 4 outh S.A.	Former er weuel residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flod Dec. a.51, 1915 COG THE Vaccate	Cludy Cent, Deld , 1915
If more blanks are needed, address State Registrar,	16 W. Safatoga St. Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid etc. If the occupation has been changed or given to on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired yrs.). For persons who have no occupation whatever, write Name.

Statement of Cause of Death—Name, first, the DISEASE LAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant heoplasms); Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital." "Senile." etc.). "Dropsy." "Exhaustion." "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Sheck," "Uras mia," "Weakness," ctc., when a definite di ase can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



8. No. 1.

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PHYSICIANS etement of

	1 PLACE	OF DEATH	2	132	8
Cour	nty Ba	ltimore	***************		. (meh)
Villa	ge or City	Bay View Asylum.	************************	(No	CITY H
	s En	LL NAME	Andre	wMa	in
	PERSO	NAL AND STATE	STICAL PA	RTICU	LARS
3 8 E	x [al e	4 COLOR OR RACE	5 SINGLE MARRIE WIDDWI OR DIVO (Write th	D,	Widowed
	TE OF BIRT		1 (177300 000	o wordy	
			onth)	(Day)	, 1855 (Year)
7 AG	E	60 yrs.	mes,	ds.	it LESS than I day, hrs. OR min.?
pa:) General natur	re of industry iblishment in or employer)	Labore	ima 8 o irri a ca a ir	
		DISCI	ict of	Col	umbia
10	10 NAME C	Andre	w Main		
State or country) . Scotal nd					
12 MAIDEN NAME OF MOTHER Katherine Roney					
	13 BIRTHP OF MOT (State	LACE HER or country)	Unknow	'n	
	(Informant)		•••••••	NOWLE	EDGE
15	10/1	1 - 1	11'	,	17

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF	MAR	YLAND
CERTIFICAT	E OF	DEATH

Registration Dist. No.

n CITY H	OSPITAL	S	t;Ward)		[if death occurred in a hospital or institution, give its NAME instead of street and number.]
ARS		MEDICAL	L CERTIFICAT	TE OF D	EATH
lidowed	16 DATE OF	DEATH	Decem (Mor		13th, 191 (Day) (Year)
, 1855 (Year)	that I last	er 18t	h, 191 5 to D	ec em	er 13 her 5
1 day, hrs. OR min.?	The CAUSE	of DEAT	H* was as for	llows:	Labove, at 6.50P
			us form	Tim	
umbia	Contrib: Secondar	utoryy		on)	71
	Dec. 1	4 , 191 5		' HOS	BPITAL M. B.
	CAUSES, SUICIDAL	e the DISEASE state (1) MEA or HOMICIDAL	CAUSINO DRATH	n, or, in d and (2) w	eaths from VIOLENT hethor ACCIDENTAL,
7	At place of death	T REBIDENTS)	10	o the	TUTIONS, TRANSIENTS,
GE	Where was diese if not at piece Former or usual residence	of death ?	N. Dall	as S	t.
2	19 PLACE OF	1	arke	12	TE OF BURIAL
EGISTRAR	20 UNDERT	Jun	er		evays Olere

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. nees of various pursuits ean be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

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STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
Contributory Contributory Coursellon Contributory Contributory Coursellon Coursell
(Signed) , 191. (Address) Campistral Lud *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients or Recent Residents) Al place of death yrs. mos. ds. Siste, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL **Place of Burial Or Removal Date of Burial Or Removal Date of Burial **Place of Burial Or Removal Date of Buri

[Approved by U. S. Census and American Public Health Association.]

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genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerpekal septichaenia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia, nephritis, etc. The contributory (secondary or intercurges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (mercly symptomatic), "Atrophy," chopneumonia (secondary), 10 ds. Never-report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic volvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measus, Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Convulsions," "Debility" "Dropsy," "Exhaustion." earbolic acid—probably wound of ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. THYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

	PLACE OF DEATH MUNICIPAL TUBERCULOSIS	8 HUSP.	STATE OF MAR	
Cou	inty	(1)	CERTIFICATE O	F DEATH
	21330	(20)	Registration Dist	. No
VIII	age or City(No,		St.;Ward)	[If death occurred in
	2 FULL NAME Clichord mae	thew	e)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
3 51	1 ale Glack, Single MARRIED, WIDDERD CON DIRECTOR OF D	16 DATE OF		(Day) , 1915
6 DA	ATE OF BIRTH	17 H	REBY CERTIFY, That I atte	nded deceased from
	1905	MOV	30 , 1915 , to Dec	, 1910)
7 AG	(Month) (Day) (Year) GE If LESS than	that I lasts		
	1 day,hrs.		sth occurred on the date star	
-	yrs, mes, ds. OR min.?	The CAUSE	OF DEATH * was as Tollows	::
	CCUPATION a) Trade, protession, or A A	***************************************		enonaco
(b	oricular kind of work Dehval boy) General nature of industry	***************************************		
DU	siness, or establishment in nich empleyed (or empleyer)	***************************************	(Oursijon)	Yrs. 3 mas de
9 81	(State or country) V a	Contribu Secondary		as.
	10 NAME OF FATHER LOVE Drawbews	(Signad) E	S. Cook	
RENTS	11 BIRTHPLACE OF FATHER (State or country) Va.	Dec - 14		inhal Ib. 1400
PARE	12 MAIDEN NAME OF MOTHER .		the Diskase Causing Drath, or, in the (1) Means of Injury; and (2) Homicidal.	
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT	1 C In the	C yrs. mes. ds.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease	contracted,	oun /
	(Informant)	Former ar usual realdance	21 Milesine	alley/
	(Address)	19 PLACE OF	BURHAL OR MEMOVAL D	ATE OF BURIAL
15	10 HM - Million Bull	mr.	Mebyrn	12/19 1915
File	10/2/7/17, 1915 Miriamenes	20 UNDERTAN	ER / GA	DDAESS
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	If more blanks are needed, address State Registrar, 16	w. Saratoga St	., Balto., Requesting V. S. No. 1.	1/

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Broncho pneumonia ("Pneumonia," menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraenia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important to determine definitely. or miscarriage "Senile," etc.), as "Puerperal septichaemia," Examples: Accidental drowning; "Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy, wound of



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PHYSICIANS

OCCUPATION

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH une Registration Dist. No Ilf death occurred in a hospital or lostitution. give Its NAME Instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, 2 WIDOWED. (Month) (Day ORDIVORCED (Write the word) Month) (Day (Year) TAGE If LESS than f day,.....hrs. The CAUSE OF DEATH+ OR 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Ouration) which employed (or employer) Contributory (State or country Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 102 e 10 ll (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country yrs. mos. . _ ds. State _____ yrs. _ Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meminges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of........ (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State eause for valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or misearriage as "Puerperal scptichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Rallin WE 21332	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mt. Pleasant Lana (No	Registration Dist. No. 3. 3. [If death occurred in a hespitat or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feurale White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 OATE OF DEATH Necessary 13, 1913 (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on, 191,
7 AGE 21 yrs. 6 mos. 4 ds. or min.?	The CAUSE OF DEATH & was as follows:
a) Trade, profession, or Frusher on Sants" particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Rusaia	(Buration) 7 yra 6 mee. ds. Contributory Secondary (Buration) yrs mee. ds.
10 NAME OF FATHER MY Meltyman 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (Vot provin	(Signal) Jacob Cohen, M. 0. - Dec. 1.5, 191.5. (Address) Mt. Pleasant San. - State the DISPASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lack Cohe (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
16 Filed Dec 15, 1915 J. J. M. Slacke PEGISTAR	Place of Burial or REMOVAL Batto Hallo Cametay 20 UNDERTAKER Jack Line 19 PLACE OF BURIAL RATE OF BURIAL
If more blanks are needed, address State Registration	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemond, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH! (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Ripochopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninging the control of the preumonia ("Pneumonia, unqualified, is indefinite);

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitiat nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull. and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Cominittee on Nomenclature of the American Medical Association.)

V. S. No. 1.

1 PLACE OF DEATH

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County SUNICIP	AL TUBERCUL	OSIS HOSP. Registration Dist. No.
/illage or City	arlis M	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule white	MARRIED, WIDOWED OR DIVORCED (Write the word)	gl 18 DATE OF DEATH Ole 25, 1915 (Month) (Day) (Year)
DATE OF BIRTH		I HEREBY CERTIFY, That I attended deceased from
(Montb	(Day) , 1	75 that I last saw himalive on Du 28 1915
AGE	If LES	s than and that death occurred on the date stated above, at 69 4
40 yrsm	95ds. OR	The CALLET OF DEATH & Mos on follower
8 OCCUPATION (a) Trade, profession, or Laila particular kind of work	7	Phillisis Bulmanal
(b) General nature of Industry business, or establishment in		(Berstien) yrs. mos.
which employed (or employer) BIRTHPLACE (State or country)	many	Contributory Secondary
10 NAME OF MURTIN	Mickens	(Signed) 2 S. M. C. S. M. M.
11 BIRTHPLACE OF FATHER (State or country)	many	*State the Dihease Causing Drath, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
M OF MOTHER	be some	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER (State or country)	many	OR RECENT RESIDENTS) At place of deathyrsmse. 44.ds. State,yrsmse.
14 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease centracted, if not at place of death?
(informant)	***************************************	Former er usual residence of 14 Columbia av
(Address)	50	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12/30, 1914
Flore 2 28 , 1910	ream Daer	andress P

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, applies to each and every person, irrespective of age. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the "Forcman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Awo-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Corcinoma, Sarcona, etc., of.. symptoms or terminal conditions, such as "Asthenia," "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneuthonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," ctc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bronunder the head of "Contributory." Struck by railwoy train-accident; Revolver wound of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetonus) may be stated head-homicide; Poisoned by corbolic acid-probably The nature of the injury, as fracture of skull, The contributory (secondary or intercur-(Recommendations



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Coun	77 7	of DEATHCITY	DETENTION	HOSPIT	AL FOR	INSANSTATE OF MAR CERTIFICATE OF	F DEATH
Villag		ILL NAME		1.0)	Registration Dist	[If death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATIS	TICAL PARTICU	LARS		MEDICAL CERTIFICATE O	F DEATH
³ se: Ma		4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED MA OR DIVORCED (Write the word)	rried	16 DATE OF	December 16	(Day) (Year)
7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (If LESS than 1 day, hrs. 50 yrs. mos. ds. or min.?			Decemb that I last and that d	er 11th, 1915, to Dece saw h 1M alive on Decem eath occurred on the date sta E OF DEATH * was as follow	mber 16th 91 5, ber 16th, 191 5, ted above, at 10.35A		
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) Salesman BIRTHPLACE (State or country)				19,s mos ds.			
RENTS	12 MAIDE	Unki			CAUSES.	(Address) Ch Delate the Disease Causing Death, or, state (1) Means of Injury; and (2) or Homicidal.	in deaths from TIOLENT 2) whether Accidental,
PA	OF M	OTHER Unk			At place of death	OF RESIDENCE (FOR HOSPITALS, I IT RESIDENTS) In the	NSTITUTIONS, TRANSIENTS,yrsds.
15	(Informant) (Address	7 , 191 5 Me	riam Bai	REGISTRAR	f not at place Former or usual residence 19 PLACE O Bal 20 UNDERT	of death? LOSSING FEBURIAL OR REMOVAL LOSSING FAKERY	DATE OF BURIAL 12/19, 1815 ADORESS 32 E. North



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Cure should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locamotive engineer, various pursuits can be known. The question For persons who have no occupation whatever Stationary fireman, etc. But in many cases, Women at home, who are engaged in If retired from (b) Auto-

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thee. All the data is essential and must be obtained before the captileau is permanently filed.

his certificate is looked over thoroughly and all ques-

V. S. No. 1.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

County Batto 21335	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Govane (No.5304)	Registration Dist. No. [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH SEC 6 ,1915 (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw have alive on SRC 4 , 1915.
TAGE 38 yrs. 7 mos. 12 it LESS than t day,	and that death occurred on the date stated above, at a m, The CAUSE OF DEATH * was as follows: And that death occurred on the date stated above, at a m, The CAUSE OF DEATH * was as follows: And that death occurred on the date stated above, at a m, The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Conden lo- Wa-	Contributory Secondary
10 NAME OF PATICK Hury Miller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Doration) yrs mos ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Ching Chex 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (10formant) R. P. H. Muller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death
(Address) 1108 W Franklin St. 15 Filed Ole 7, 1915 M. J. Poulant Registran 17 more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER PLACE STATEMENT ADDRESS Tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeete,, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (seeondary or intercurrent)



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1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS CERTIFICATE OF DEATH County Registration Dist. No ... fif death occurred in a hespital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH classifi 18 DATE OF DEATH SINGLE 3 SEX 4 COLOR OF RACE 6 MARRIED 1910 WIDOWES
OR DIVORCED
(Write the word) (Month) (Day) (Year) hould be star be properly certificate. REBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) eq (Month) (Day) back of 7 AGE If LESS then and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? OCCUPATION
(a) Trads, prefession, or supplied. 0 particular kind of work 00 b) General nature of Industry terms, Instrucți business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or countr 0 0 (Duration 00 10 NAME OF FATHER 5 (Signed) onid important. r RENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISFASE CAUSING DEATH, or, in leaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 다 전 3> SUICIDAL OF HOMICIDAL. 0 12 MAIDEN NAME AC 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS ы 13 BERTHPLACE In the At place AUSI OF MOTHER (State or country of death _____yre. ____mos. ____ds. State, yrs. mos. ds. 10 Where was diseess contracted. PATION 14 THE ABOVE IS O 10 If nof at place of doath ?.... state Formor or eus! residence Should DATE OF BURIAL Every REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulemployed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use pneumonia," Typhoid fever (never report "Typhoid pneumonia," Lobur menmonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by "PUERPERAL peritonitis," etc. State cause for which by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, The contributory (secondary or intercurcarbolic acid-probably Never report mere "Atrophy," "Col-("Con-



PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement EXACTLY. should be AGE See instructions on back of certificate. of information should be DEATH in plain terms, CAUSE OF important.

RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH S. No. 1.

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1 PLACE OF DEATH

21337

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Tif death occurred in a hospital or Institution,

FULL NAME Lewis Molofoky	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH December 9, 1915. (Month) (Day (Year)
© DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1915, to December 9, 1915, that I last saw handalive on December 1915
7 AGE If LESS than 1 day, hrs. or or particular kind of work. If LESS than 1 day, hrs. or or particular kind of work. If LESS than 1 day, hrs. or	and that death occurred on the date stated above, at 7, fr. m. The CAUSE OF DEATH* was as follows: State for (Shock Aperation)
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER 3. 91.11	Contributory Tylence Steness Secondary (Duration) 7 yrs mos. ds. (Signed) Steness Superior Market
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
(State or country) Justia 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. Benjamin Molofsky (Address) 2119 Gagle Street	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, 11 not at place of death? 2/19 & agle Street Former or usual residence 2/19 & agle Street 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed the 9 1915 Weeking Stundard Signature Registran	Plebrer Mashington Rd 400, 191. J. 20 UT DERTAKER ADDRESS 419 8/Salan tor, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neecated thus: causing nearii, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," engincer,

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus)
"Contributory." childbirth or misearriage as "Puerperal septiehaeture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for



N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be proposity discelliad. Event etatoment of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

PLACE OF DEATH 21338	STATE OF MARYLAND CERTIFICATE OF DEATH
S . MUNICHAL TUBERC	Registration Dist. No.
Village or City (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINCLE; MARRIED, WIDOWED OR BUTCHCED (Write the word)	16 DATE OF DEATH Dic. 5, 1915. (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day)	HEREBY GERTIFY, That I attended deceased from 10-78, 1914 to Dic. 5, 1915., 1915.
7 AGE 1 If L 1 day, OR 2 OCCUPATION (a) Irade, profession, or 9, 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	and that death occurred on the date stated above, at 6 9 m. The Cause of Death * was as follows: The Cause of Death * was as follows:
(b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Oursilen) / yrs.) mes. ds Contributory Secondary
10 NAME OF FATHER OF FATHER OF FATHER OF COUNTY OF COUNT	(Signed) E. S. (Address) Musicifical 16. 11-6 State the Directe Causino Dratti, or, in deaths from Violent Causes, state (1) Means or Injunt; and (2) whether Accidental,
12 MAIDEN NAME OF 1971 TULY Dauglas 13 BIRTHPLACE OF MOTHER OTHER O	CAUSER, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece of death / yrs. / mes. / ds. State, / yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, but enough former or usual residence Severing House
(Address) (Address) Filed / R/S 191 5 Marian Ba Regis To more blanks are needed, address State R	A server to the first the



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[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no oeeupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shoek," "Uraemia," "Weakness," under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The eontributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal schichumia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver wound State cause for which Never report mere



PHYSICIANS should atate of OCGUPATION IS very Registration Dist. No RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a Cla t day,hrs. The CAUSE OF DEATH * was as follows: OR 7 OCCUPATION (a) Trade, profession, or INK particular kind of work erres (b) General nature of Industry, business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER 0 0 back PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, Instructions OF MOTHER PIN 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) = At place in the of death yrs. .. _ mos. State yrs. ____ mos. WRITE Where was disease contracted, If not at place of death? 0 Former or OF Every Item CAUSE OF Important. usual reidence 19 PLASE OF BURIAL OR REMOVAL DATE OF BURIA 16 20 UNDERTAKER ADDRESS

REGISTRAR

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

I'lf death occurred in

a hospital or institution, give Its NAME Instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



BINDING FOR RESERVED MARGIN

ated EXACTLY. PHYSICIANS should Exact statement of OCCUPATION is RECORD PERMANENT stated Every item of information should be carefully supplied. ACE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS WRITE

state Very

V. S. No. 1.

N.B.



County almon 21340	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Panaws Poins (No. 623)	St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That attended deceased from
DATE OF BIRTH OCT 105 (Month) (Day (Year)	, 191 , to , 191 , that I last saw h shygon , 191
7 AGE (Month) (Day (Year) 1	and that desth occurred on the date stated shove, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Still born infant (41/2 Mes) (Ouretion) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country) Sharow Scrick McL	Secondary Onematier birth
o 11 BIRTHPLACE	(Signed) (Boration) yrs mos ds. (Signed) (Address) Aparous Boins
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary Cand	OR RECENT RESIDENTS) At place In the of deathyrs,mosds Where was disease contracted.
(Informant) Chora J. Morris	If not at place of death?————————————————————————————————————
(Address Jeanoussons	Deut to Johns Hopslins , 181
Filed Dec 20, 1915 (4. SW (omaige M)	and on Laboratory ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent) death), 29 ds.; For vio-Ex-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING S FOR -THIS RESERVED INK UNFADING WITH MARGIN PLAINLY, WRITE

No. 1.

V. S.

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	1 PLACE OF DEATH 21341 nty Pullo- age or City leatinsally No. Spring 2 FULL NAME Helen Morr	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	tex 4 color or race 5 single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 A	Company Comp	that I last saw h Walive on Sec. 254, 191. 5, and that death occurred on the date stated above, at 3.36 cm. The CAUSE OF DEATH * was as follows:
b b	b) General nature of industry usiness, or establishment in thich employed (or employer)	Contributory Serula Dementia ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) / rquica 12 MAIDEN NAME		(Signed) (Address)
PA	of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (intermant) Live State Toryth	IB LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. Stete, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) lealursvelle, md (Med De 24, 1915 Marshall B Wiff REGISTRAR If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL Ballo Cum, Dec 27, 1815 20 UNDERTAKER ADDRESS 144248094

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (o) Solesman, (b) Crosery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, as At school or The material worked on may form part If the occupation has been changed At home. Care should be Never return If retired from "Laborer, (b) Auto-

causing death (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Lobar Typhoid faier (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE and eausation), for the same disease. pucumonia. Bronchopmeumonia using always the same accepted Examples: ("Pneumonia, Ccrebrospinal

> on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated nius," on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which genital," "Senile," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heort disease; Chronic interstitial ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" chopneumohia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercuretc.), as "PUERPERAL septichaemia, "Dropsy," Never report mere (Recommendations "Exhaustion."

If this certificate is cooked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificat is permanently filed.

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N. B.

County Batte	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33			
2 FULL NAME Mary ann Bour	St.; Ward) [If death excurred in a heapital or institution, give its HAME instead of shreet and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1,1915, to Dec. 2,1915			
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, brs. OR min.?	and that death occurred on the date stated above, at			
CCUPATION (s) Trade, profession, or particular kind of work (h) General nature of industry business, ar establishment in which empleyed (or empleyer) BIRTHPLACE (State or country) M. M. Golfs Grand H. Grand Grand H. Gran	Contributory Arteria Orlando (Burellon) - 778 7 mes 5 de.			
11 BIRTHPLACE OF MOTHER (State or country) Many a Southgate 13 BIRTHPLACE OF MOTHER MOTHER (State or country) Man Lelle Water or Mother of Mother or Country) Man Lelle Water or Country)	(Signed) The Core of the Disease Causing Drath, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the			
(Informant) facol B Moras	of deeth			
16 Filed Sze 4, 1915 / Fullantz PEGISTRAR If more blanks are needed address State Registrar	St Manas Carnetty Bac 4, 101 5 20 UNDERTAKER ADDRESS ALE Eline Recaleutor			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Gouse of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defini synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles! Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

	21340	OMARE OF MARKINE
Cour	PLACE OF DEATH Only Dalimore	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Fredand (No. ,	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ex 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWED OR OIVORCED OR OIVORCED (Write the word)	16 DATE OF OEATH Section 26 , 1 (Month) (Day)
6 OA	(Month) (Day) (Year) (A Could (Year) (and that doubth occurred on the date stated above, at
200	CCUPATION	
pa (b wh	a) Trade, profession, or riched riche	(Buration) Z, yre
S BI	Pricelar kind of work b) General nature of industry islness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Pale OF FATHER (State or country)	Contributory Secondary (Buration) (Signed) (Signed) (Address)
PARENTS BB	Pricelar kind of work b) General nature of industry usiness, or establishment to bich employed (or employer) INTHPLACE (State or country) 10 NAME OF FATHER Milliam Januarphy 11 BIRTHPLACE	Contributory Secondary (Buration) (Signed)

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation -- Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anacmia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway train-accident; Revolver wound "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. Nevcr report mere "Puerperal septichaemia," State eause for which "Atrophy," acid-probably important. ("Con-



RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

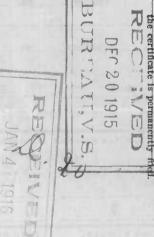
Cou	PLACE OF DEATH 21311 Inty Bulb County age or City bulbullantarfino. 2FULL NAME George R. 1913	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RAGE Single, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from
6 DA	TE OF BIRTH Def # 25 1/872	1915, to Lee C. 1915.
7 AG	(Month) (Day (Year) E If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) part (b) busin	CUPATION Trade, profession, or icular kind of work General nature of industry, tess, or establishment in h employed (or employer)	(Ouratioo) yrs mos ds.
9 815	State or country) Laura (16 hiel	ContributorySecondary
	10 NAME OF Grane & Mayer P	(Signed) / M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	of Mother Marion Incl. la	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af piace In the of death yrs, mos, ds. State yrs, mos, ds
	Informant)	Where was disease contracted, if not at place of death? Former or usual residence. 19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	(Address)	PARCE OF BURIAL OR REMOVAL PATE OF BURIAL PATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
		crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household ouly (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee ou Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 (Recommendations on statement of "Convulsions," "Debility" ("Con-State cause for Never report



V. S. No. 1.

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VIIIage or City Hen word for No. 100 100 100 100 100 100 100 100 100 10	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE STATE OF BIRTH 4 COLGROR BACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH 9 2.6 ,914	16 DATE OF DEATH /2 // (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Dec. 14", 1915, to Dec. 15", 1915,
(Month) (Day (Year)	that I last saw hall alive on Dec. 172, 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 40 cm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Jeaslet Frence
(b) General nature of industry, business, or establishment in which employed (or employer)	(Durafion) yrs mos 5 ds.
*BIRTHPLACE (State or country) Maryland	Secondary Laure (Duraflon) yrs mos ds.
10 NAME OF FATHER LESSE MYCO	(Signed) A. Milkeinson, M. D. 12-18-, 1915 (Address) Raspetung.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Betta	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death
(Informant) Dertha Myers	Former or usual residence
(Address) Create Ma	Dallinge Country Sec 19 1815. 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report



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CIANS ment of	PLACE OF DEATH County Buch 21346	STATE OF MARYLAND CERTIFICATE OF DEATH
CTLY. PHYSIO	Village or City Bassovill (No	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
properly rtificate	6 DATE OF BIRTH	= 17 I HEREBY CERTIFY, That I attended deceased from
oe pro	(Month) (Day) (Year)	
AGE stit may back of	7 AGE If LESS that 1 day, hrs OR Mos. OR Min.?	and that death occurred on the date stated above, at
so that	OCCUPATION (a) Trade, profession, or particular kind of work	The bast 12 ms
fully sup terms, s struction	(b) General nature of industry business, or establishment in which employed (or employer)	(Ouretlan) yrs. mae. ds.
a na e	9 BIRTHPLACE (State or country)	Contributory Secondary (Burellen). yre. mos. de.
i S i	10 NAME OF Ju nadoling	(Signed) Third Harris no 6, M. O.
on should DEATH Important	Z OF FATHER (State or country)	*State the Disease Causino Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	of Mother new mell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
USE O	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the et death
state CA	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Fermer er usual residence
Every item should state OCCUPATI	(Address) Rossulls	19 PLACE OF BURIAL OR REMOVAL Nasaling Farm De 2 2 1915
8	Filed W2 21, 1914 MO7 farmer ?	Jo na Deling Facher Rosance
Z	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be taken to report specifically the occupations of persons write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Ecaler," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, nenin-

state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Soreomo, etc., of (name origin; "Cancer" is less definite; avoid use of cause. Example: Measles (disease causing death), 29 ds.; Bronrcnt) affection need not be stated unless nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Maras-"Old Age," "Shoek," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull State cause for which Never report mere "Exhaustion," important.



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RECORD

PERMANENT

UNFADING Suppli pino piain 2 DEATH ŏ OF ы Every No. m

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, (Month) ORDIVERCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1864 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH*min. ? POCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME See Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ ds Where was disease contracted, 14 THE ABOVE IS It not at place of death? Former or (Informant) usual residence. mportant. 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

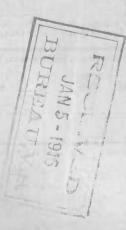


[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who'-have no occupation whatever, write None, cated thus: causing nearn, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-thus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the msease causing neath (the primary affection with respect to time and causation), using always the same accepted tem for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cloup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the ample: Mcasles (disease eausing death), 29 ds., valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



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SICIANS should OCCUPATION IS PHYSICIANS 0 properly AGE pe may Carefully 80 terms, plain Information = DEATH

RECORD PERMANENT INK-THIS UNFADING certificate. 0 WITH back uo AINLY. Instructions See OF Important. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred is -Ward) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. Write the word (Month) (Year) I HEREBY CERTIFY, That I attended deceased from TE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the dete stated above, at 1 day hrs. OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) TROS ... which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 191 ... (Address) PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE) 13 BIRTHPLACE At place lo the OF MOTHER (State or count ot death _____ yrs. ___ mos. State _____ yrs, ___ mos. __ Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS BENNA PHISTRAR If more blanks are needed, address state Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the geuital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

N.B.

PLACE OF DEATH 21349	STATE OF MARYLAND
County MUNICIPAL TUBERCULOSIS	CEDEUTICA EST. C.
	Registration Dist. No.
VIIIage or City (No	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE MARRIED, Marriel Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH OLC. S. 1915 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on Dice 2/ 1915.
7 AGE 11 LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, protession, or Particular kind of work (b) General nature of lodustry (xear) (1 day, hrs. OR min.?	and that death occurred on the date stated above, at the cause of Death * was as follows: Althouse pulmanais
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Guybria	Contributory Secondary
10 NAME OF FATHER MUSICALLY MUSICALLY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NA	(Signed) (Suration) yrs. mas. ds. (Signed) (Signed) (M. 0. *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Gleck 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place af death
(Address)	19 PLACE OF BURIAL OR REMOVAL DAKE OF BURIAL TOTAL TOTAL THE STATE OF BURIAL THE STATE OF BURIAL
FRED 2 3 , 191 5 MISANDALY REGISTRAR	TOUR Grach 1906 ashland
II more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto,, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers miobile factory. mill; (a) Salesman, (b) (racery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the employed, as At school or wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever The material worked on may form part At home. Care should be Never return But in many cases, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma." "Convul genital," "Semile." etc.), cough; Chronic rakvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . mus," "Old Agr." "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonic (secondary), 10 ds. Example: Meusles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for unslignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure." "Haemorrhage," "Inanition," "Maras-"Anaemia" on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic "PUERPERAL perilonilis," etc. State cause for which on Nomenclature of the American Medical Association.) Struck by MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "Puenperal septichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; Revolver wound (merely symptomatic), "Atrophy," on a. "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere "Atrophy," "Colacid—probably important. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH 21350	STATE OF MARYLAND
County & alt more	CERTIFICATE OF DEATH
71.00	Registration Dist. No.
VIIIage or City Aughlandtown (No. 2).	St; Ward) [If death occorred in
P4.00 B	a hespitat or institution, give its NAME instead
² FULL NAME ST UN 130	m lulle get street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
5 DATE OF BIRTH	, 191, to
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 50 m.
yrsds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	Tulf builly.
particular kind of work (b) General nature of industry	
business, or establishment to which employed (or employer)	(Duration)
9 BIRTHPLACE	Contributory
(State or country) Faltimore Co.	(Buratley) Tro. 1 mos. do.
FATHER Illian J. Henberger	(Slepod) C, Me Saucellan, M. D.
11 BIRTHPLACE OF FATHER (State or country) Fultimore City. 12 MAIDEN NAME CO. 1	*State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL,
OF MOTHER Elizabeth C. Fisher	SUICIDAL OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece in the of deeth yre. mee. ds. State, yrs. moe. de. Where we disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not all piece of deeth?
(Informant) Kelliau J. Menleiger	Former ar usael residence
(Address) 5 8. 3. Sx	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 NO 21 1196 ANS Vinceles.	The Carmel Cem, Dic. 76, 1915
Filed Co. J. G., 18 J. C. G. J. J. Callandy	Liely au Zeile 403 8. molfest

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. Housemaid, efc! If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.); For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less definite: avoid use of "Tumor" for n.alignant neoplasms); Measles; Whooping cough; Chronic vatvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchovneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraamia," "Wcakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichoemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist, No. St.:....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDDWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day,....hrs. OR min. ? OCCUPATION (a) Trade, profession, or (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

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Where was disease contracted,				

usual residence.

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[If death occurred in

a hospital or Institution, give its NAME Instead of street and number.]

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



STATE OF MARYLAND

(Year)

.. 191.

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite Nonc business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not he stated unless important. ges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senilc," etc.), Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic vatvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) "PUERPERAL perilonitis," etc. State cause for which genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull, "Coma," (nerely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Concarbolic acid-probably FOR VIOLENT DEATES Never (Recommendations ACCIDENTAL, report mere wound of



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PLACE OF DEATH	STATE OF MARYLAND		
County	LOSIS HOSICERTIFICATE OF DEATH		
61000	Registration Dist. No.		
Village or City (No. , C) 2 FULL NAME FORM DM	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OB RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH		
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from		
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. 0R min.? 8 OCCUPATION (a) Trade, prefession, or Particular kind of work (b) General nature of lodustry	that I last saw h malive on Dec. 1915, and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:		
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Waryland	Contributory Secondary (Burstion) yrs. mos. ds.		
10 NAME OF PATHER DANNING 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	(Signed) E. S. Covid , M. O. State the DISPAGE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.		
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs of deeth yrs. V mes. de. State, yrs. mes. ds. Where was disease contracted, If not of place of death?		
(Informant)	Former er usest reeldsnes 2301 ashlandane		
(Address) 16 Filed 12 17, 191 5 Junion Baer Registras	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12/6 , 1915 20 UNDERTAKEN ADDRESS 13/8 Mg/df 16/W. Saratoga St., Balto., Roquesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekespers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm loborer, Laborer mill; (a) Salesman, (b) roccry; (a) Poreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. mobile factory. Housemaid, etc. If the occupation has been changed write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrius, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puenperal seplichaemia," State cause for which Never report mere "Exhaustion,"



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 21354	STATE OF MARYLAND
County Data	CERTIFICATE OF DEATH
Village or City Labertrofe (No. No.	St; Ward) All death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, OR OIVORCED (Write the word)	16 DATE OF DEATH De 100, 1915 (Month) (Day) (Year)
** DATE OF BIRTH (Month) (Day) (Year) 7 AGE	that I last saw here alive on the date stated above, at 2.3 of m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Chadual extrausion (Secondary)
10 NAME OF FATHER WILLIAM WILLIAM 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place of death yrs. 5 mos. 2 ds. State 6 yrs. 11 mos. 79 ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence. La Payuta Car Borto.
(Address) Halata no - M., Filed Luc. / U ,181 b / Luch REGISTRAR If more blanks are needed, address State Begis trans	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKED ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, persionacum, etc.. Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PULLPERAL septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for mallg. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38 [If death occurred in Ward) a hospital or institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Month (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? .mos..... CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ... 191. (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. ____ mos. __ State yrs. _ _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?-Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR In more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from (secondary or intercurrent) EM



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Very PHYSICIANS-should OCCUPATIONAL 0 PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. 16 DATE OF DEATH 5 BINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVERCED (Write the word) 6 DATE OF BIRTH classified. (Year) (Month) (Day be TAGE If LESS than pinous 1 dayhrs. OR 7 properly BOCCUPATION AGI (a) Frade, profession, or particular kind of work (b) General nature of Industry, supplied. pe business, or establishment inmay 9 BIRTHPLACE (State or country) Contributory..... certificate. (Secondary) that 10 NAME OF FATHER (Signed) 80 10 terms, 11 BIRTHPLACE (Address) PARENT (State or country) pinous 6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country EATH ... yrs. mos. ... Where was disease contracted. If not at place of death? of DE PO usual residence. Every Item CAUSE OF Important. PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... fif death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Month) (Day) HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at was as follows: (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ grs, ____ mos. ___ ds. DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer--Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. - For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

important. See instructions on back of certificate.

B.—Every item of information should be CAUSE OF DEATH in plain terms, s

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

PERMANENT RECORD

1 PLACE OF DEATH

21357



STATE OF MARYLAND CERTIFICATE OF DEATH

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-Ward)

[If death occurred in a hospital or Institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (W'rite the word) Wadowe	16 DATE OF DEATH Dec 28, 1912 (Month) (Day (Year)
A	TE OF BIRTH	Dec // 1915, to Dec 28 , 1915.
GE	(Month) (Day (Year)	that I last saw hand allve on
	7 4 yrs mos ds OR min. ?	and that death occurred on the date stated above, at
Trade.	protession, or Farmers (last)	
siness,	ral nature of industry, or establishment in uployed (or employer)	(Duration) yrs. mos ds.
(Sta	PLACE te or country)	Secondary Mysewalts + Muthe
	Palland	(Duration) una
11 BIRTHP	LACE Morton	(Signed) (Duration) yrs mos ds. (Signed) , M. D.
(State of	Ace Her Norton	(Signed) , M. D.
11 BIRTI OFF (State 12 MAID OF 8	HPLACE ATHER to or country) Ireland EN NAME MOTHER TPLACE OTHER to or country) Ireland TPLACE OTHER to or country) Ireland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the et death yrs. mos. // ds. State yrs. mos. ds
11 BIRTH OF FA (State 12 MAIDE OF M 13 BIRTH OF MO (State	PLACE THER OT COUNTRY) N NAME OTHER PLACE THER OT COUNTRY) PLACE THER TO T COUNTRY) L reland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
11 BIII O O O O O O O O O O O O O O O O O	RTHPLACE FFATHER State or country) AIDEN NAME F MOTHER RTHPLACE MOTHER State or country) Areland RTHPLACE MOTHER State or country) OVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," State cause for death), 29 da; "Exhaustion,"



PHYSICIANS show statement PERMANENT EXACTLY Exact classified. be pino THIS properly AGI UNFADING may certificate. 80 0 back terms, pinods 6 plain instructions Information _ DEATH See FO

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. lif death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. -WIDOWED. (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH * ..min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place 12 in the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ State yrs. Where was disease contracted. If not at place of death?-Former or usual residence. mportant. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 ..., 191. 20 UNDERTAKER ADDRESS m REGISTRAF ż H more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably genital," "Scnile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 4 1916 BURBAU, V.G.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 22197 County Balto.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mot. Washington (No. 9. 1) 2 FULL NAME Skennen T. C.	Registration Dist. No. 3 V Clebeller (14 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED MIDDLE WIDDLE ORDIVORCED (Write the word) (Month) Day) Fear)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deseased from 1915, to the 26 1915, that I last saw have alive on well 1915.
7 AGE (Month) Day) 4 Tear) 7 AGE If LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 15 Pm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Partial Strussis, (Secondary) & Tryloc Die,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?
(Address) G. Aelvedere arg. 1816 - N22. G. Quent. REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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PHYSICIANS should of OCCUPATION IS Exact statement PERMANENT EXACTLY. properly classified. UNFADING INK-THIS AGE PLAINLY, WITH plain CAUSE OF important,

state Very 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Hahlandton 104

Ilt death occurred in

V 111.0	FULL NAME	(honke)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVDRED (Write the word)	16 DATE OF DEATH /2 (Month)	(Day (Year)
6 DAT	(Month) (Day (Year)	that I last saw h alter on	191
7 AGE		and that death scurred on the date stated a	211
(a) To particle (b) G busine which 9 B I R (5)	CUPATION (rade, protession, or (cular kind of work Beneral nature of industry, ess, or establishment in 1 employed (or employer) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER CATHER CATHER	Contributory Secondary (Signed) (Signed) (Address) (Address) *State the Disease Causing Death, or, Causes, state (1) Means of Injury; and TAL, Suicidal, or Homicidal.	mos ds. M. D. M. D.
14 TH	13 BIRTHPLACE OF MOTHER (State or country) BEABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 TRANT)	At place of death yrs mos ds. State Where was disease contracted, it not at place of death?	yrs, ds
15	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulbeen changed or given up on account of the pisease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman," engineer, (6)

TO LOCAL

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Icsis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar pneumonia; Bronchopneumbnia brospinal meningitis"); Diphtheria (avoid use of JAN CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu time and causation), using always the same accepted Statement of cause of death-Name, first, the disease (the only definite synonym is "Epidemic cere-Typhoid fever (never report "Typhoid Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolv r wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inaultlon," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; suicidal, or homicidal, or as probably (Recommendations ou statement of (secondary or intercurrent) State cause for Never report

REGISTRAR No



XX

RECORD

PERMANENT

UNFADING

CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No It death occurred in St .:---Ward) a hospital or lostitution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 16 DATE OF DEATH MARRIED, W WIDDWED, (Month) (Dav (Year) ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 30 (Day (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 proper BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in Iddus (Duration) which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 50 back PARENTS 11 BIRTHPLACE hould OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER pial 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. _ DEATH Where was disease contracted. 14 THE ABOVE IS TRUE It not at piace of death?.. 0 Former or OF usual residence. mportant. • PLACE OF BURIAL OR REMOVAL CAUSI 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the nisease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the msease causing nearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Candent; Revolver wound of head-homieide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) tetanus) Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of Chronie interstitial nephritis, "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916 BURBAU, V.S.

N. B. -Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

Village or City Monthson 21361 2 FULL NAME Susan ali	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 39 St.; Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, MARRIED, Stringle Widowed OR DIVORCED (Write the word) 6 DATE OF BIRTH Month) (Day) (Your)	
7 AGE 11 LESS that 1 day, hrs. OR min.?	The CAUSE OF REATH & wish on follower
(a) Irade, prafession, or particular kind of work (b) General nature of ledustry business, or establishment in which employed (ar employer) BIRTHPLACE (State or country) Bullo 70 7011	Contributory Secondary
10 NAME OF PATHER Sulvolar H Parker 11 BIRTHPLACE OF FATHER (State or country) Bults to my 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 1	(Signed) 7. (Address) 7. (Addre
of Mother was of the State of My Knowledge (Informati) Methodes of My Knowledge	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE At place In the of deeth yre. mee. ds. Stele, yrs. mee. d Where were disease contracted, If not at place of death?
(Address) Monfelon-Riffs Filed Slee 4 1915 John Emory ME PuBi Ri B & M D Jedgeran	DATE OF BURIAL OR REMOVAL BY DATE OF BURIAL DOLLAR BY DATE OF BURIAL OUNDERTAKER OF BURIAL AOORESS T, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoengineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part

Statement of Cause of Death—Name, first, the DISPASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Col-Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coma," The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Puerperal septichaemia," "Dropsy," "Exhaustion," carbolic acid-probably



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1 PLACE OF DEATH (No



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:---..Ward) [If death occurred in a hospital or institution,

	FULL NAME Mary & Can	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 gex	al White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE	OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from NEC 8 , 1915, to 9508 , 1915.
7 AGE	(Month) (Day (Year) If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trad particula (b) Gent business, which en	ie, profession, or ar kind of work	Contributory Secondary (Duration) yrs. mos. ds.
S II	BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER MANY 9 9 1 1 1000	(Signed)
14 THE	BIRTHPLACE OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Mant) (Mant)	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
16 Filed	Occ /1th, 1910 Bir Dune Ind. Dec /1th, 1910 Bir Dune Ind. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL 12 DATE OF BURIAL 120 UNDERTAKER 120 UNDERTAKER
	If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Sparks Mo

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional live is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at hegiuning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatlou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a defiuite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertakeu. The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease eausing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



County 21363 County 21363	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City (No. ,	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDDWED OR DIVORCED OR DIVORCED (Wrife the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Month
(Month) (Day) (Year) 7 AGE If LESS than 1 day. hrs. OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 8 40 mm. The CAY & OF DEATH * was as follows:
(b) General nature of Industry business, or establishment in which emplayed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Burellop), yrs. 6 moe. ds
10 NAME OF FATHER PLUS PAIN PAIN PAIN PAIN PAIN PAIN PAIN PAIN	(Signed) E. S
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE At place of death yrs mee ds Stete, 3 / yre mee ds. Where were disease contracted if not all place of death? Former or usual residence / S. Unicent alle
Filed 12/23 , 1915 MUSLAMI BEGISTRAR If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BURIAL 18 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BURIAL 18 PLACE OF BURIAL 18 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BUR



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question mill; (a) Salesman, (b) ' rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. know (a) the kind of work and also (b) the nature of the write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-('oal mine, etc. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sareoma, etc., of..... state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, Or AS probably such, if impossible genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of or misearriage "Old Age," "Shock," "Uracinia," "Weakness," The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puenperal septichaemia," State cause for which Never report mere "Atrophy," wound of



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHXSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
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Coun	PLACE OF DEATH	21364	6	CERTIFI	OF MAR	
Villa		(No. Bay View A			Ward)	[if death necurred in a hospital or institution, give its MAME instead of street and number.]
-	PERSONAL AND STATIS	STICAL PARTICULARS		MEDICAL CER	TIFICATE OF	DEATH
3 SE		single, MARRIED, UNKNOWN WIDOWED OR DIVORCED (Wrife the word)	16 DATE O	F DEATH De	cember (Month)	13th, 1915 (Day) (Year)
Ma.	Le White	(Write the word)				nded deceased from
- 01	IL OF BIRTH	4 OAE	July			ember 13, 195,
7 A G		If LESS than	and that		the date stat	ber 14th _{, 191} 5, ted above, a5.20Pm s:
pai (b be: wh	CCUPATION) Trade, prefession, or riticular kind of work) General nature of industry sinces, or establishment in ich employed (or employer) IRTHPLACE (State or country) Austr		Contri	nitral from	(Buration)	yre mes 46.
	10 NAME OF UNKNO	wn	(Signed)	J.P.J.	prins	#: , M. 0.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME		Dec.	14th 18t 5 (Address to the Disease Causer, state (1) Means of the or Homicidal.	GITY HO NG DRATH, or, in INJURY; and (2)	n deaths from Violent whether Accidental,
14 TI	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BE	ST OF MY KNOWLEDGE	At place of death 7	NT RESIDENTS) yrs	ls lies State, .	STITUTIONS, TRANSIENTS,
16	(Address)	1 MAN BAL PEGIOTRAN BAR Registrar	19 PLACE	OF BURIAY DR REM	1/200 118	DATE OF BURIAL DORESS ODER STREET



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," meningitism, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of.. on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere wound



V. S. No.

	RECORD	PHYSTOTANS of OCCUPAT
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSTORANS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT important. See instructions on back of certificate.
V. S. No. 1.	WRITE PLAINLY, WITH	N. B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate.

(Informant),

15

(Address) --

general and the second of the		1 PLACE OF DEATH 21365 unty Ballyman (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 37 St.; Ward) St.; Ward) Payton St.; Ward of street and nomber.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 5	male Colored Single, Married, Middle Colored Orbivorced Orbivorced (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 1 hereby certify, that I attended deceased from
		ATE OF BIRTH Month (Day (Year)	that I last yaw h ana ailve on SLL S 1915
	TA	Struct 73 yrs mos ds. or min.?	and that death occurred on the date stated above, at
2	pa (b) bus	OCCUPATION) Trade, profession, or ricular kind of work) General nature of industry, iness, or establishment in	Chronic Interstitual reflection (Duration) / yrs mos ds.
tilleare.		IRTHPLACE (State or country) Balt Co Mal	Gontributory Valvular hearf trouble Secondary Broken Comfessations (Buration) yrs 3 mos ds.
ack of cer	TS	10 NAME OF FATHER SMANNING	(Signed) Am Shumonstine, M. D. Rec 9, 191 D. (Address) Hasps Ind
0 00 600	PAREN	(State or country) mhnnn 12 MAIDEN NAME Gastw Partm	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
ואוני מכוו		13 BIRTHPLACE OF MOTHER (State or country) hukumu	OF RECENT RESIDENTS) Af place in the of death yrs, mos, ds.

Af place of death yrs, mos ds.	io the	yrs,	mos
Where was disease contracted,		,	

if not at place of death? Former or

osual residence

Dec 17, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer-or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, If the occupation has As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Mcasics (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for Never report For VIO-



Bay View Arving. 2 FULL NAME Pernula Peacock PERSONAL AND STATISTICAL PARTICULARS 3 SEX COLOR OR RACE SINGLE, MARRIEO, WIDOWED, WIDOWED			OF DEATH	4	2136	6		6
Personal and Statistical Particulars Personal and Statistical Particular Widowed (Wrize the word) Poate of Birth Age (Month) (Day) (Yoar (Yoar (Month)) (Day) (Yoar (Yoar (Month)) (Day) (Yoar (Month)) (Personal Particular Rind of Work (Month)) (Personal Rind of Work (Month	Ceu	nty Balt	imore	**********	**********			11
PERSONAL AND STATISTICAL PARTICULARS SEX	/illa	ge or City	ay View A	sylnen.	(N	0		Bay
Female White Single, Married, Widowed On Divorced On D		² FUI	LL NAME	••••	Pernula	Pe	eacoc	k
Female White Month Widowed OR DIVORCE WIDOWED WIDOwed OR DIVORCE WIDOw						ICUL	ARS	
AGE (Month) (Day) (Your Cycles of					MARRIEO.	CED	ldowe	d
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(a) Trade, profession, or particular kind of work (b) General nature of ledustry business, or establishment to which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER UNKNOWN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE		000011111	.85 yrs.	***************************************	M\$8	ds.		
### State or country) Pairthplace (State or country) Maryland	(p)) Trade, profess ticular kind of) General nature siness, or estat	werke of ledustry elishment in	Ho	nusework		*************	••••••
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12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE		10 NAME O	F					
13 BIRTHPLACE OF MOTHER (State or country) 15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	2	1 OF FATH	ER		1			
13 BIRTHPLACE OF MOTHER (State or country) H THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	12 MAIDEN NAME OF MOTHER							
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE		13 BIRTHPL OF MOTI (State of	ACE HER r country)					
		E ABOVE IS			7	WLE	OGE	
(Address)		(Address)		-	•••••			N-750 region

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. w Asylum. If death occurred in St.:Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH DATE OF DEATH December I HEREBY CERTIFY, That I attended deceased from December 15th, 5 . December 19th at I last saw h.er alive on December 19th d that death occurred on the date stated above. e CAUSE OF DEATH * was as follows: Contributory Secondary (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. OR RECENT RESIDENTS le lha Slala,yre. ere was disease contracted. not at place of death? ral residence 1139 Denver St.

PLACE OF BURIAL OR REMOVAL

DATE OF

If more blanks are needed, address State Registrar, 16 W. Saraton St., Balto., Requesting V. S. No.

2



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, etc. The material worked on may form part If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

SUICINAL, OR HOMICINAL, OR as probably such, if impossible to determine definitely. Examples: Accidental drowning; ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnile," etc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) birth or miscarriage as The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," "Col-oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy," "Colwound of



SICIANS tement of		OF DEATH	21367	(STATE OF MAI CERTIFICATE O	
TLY. PHY Exact sta		View Asylum.	(No			Ward)	[If death occurred in a hospital or institution, give its NAME lostead of street and number.]
RECORI EXACT siffed.	PERSO	ONAL AND STATIS	TICAL PARTICU	LARS		MEDICAL CERTIFICATE O	F DEATH
ENT ENT	³ _{SEX}	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Widowed		Decembe (Month)	er 11th, 1915 (Day) (Year)
H UNFADING INK—THIS IS A PERMAL be carefully supplied. AGE should be in plain terms, so that it may be proper See instructions on back of certificat	OCCUPATION (a) Trade, profe particular kind (b) General nath business, er est which employed	ssien, er of work solitshment in (ar empleyer)	mes. ds.		Sept that I last and that do	(Buration) utory Browths (Duration)	mber 11 ,191 ! mber 11 ,191 ! nted above, at 7 . 1 04
ARGIN NLY, WITI on should DEATH I	OT 12 MAIDE	LACE HER or country) Maryl N NAME	and		Dec. 1	//	in deaths from VIOLENT
ITE PLA! Informati	13 BIRTHS OF MO (State	PLACE THER or country) Marj	unknown)		At piece of death		NSTITUTIONS, TRANSIENT
ould state	(Informant)), 191 5	Miriam	Laux REGISTRAN	Former or usual residence. 19 PLACE OF 20 UNDERTA	800 W. North Av	





[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Loca engineer, Stationary fireman, etc. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, But in many eases, If retired from (b) Auto-

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on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For VIOLENT DEATHS ete., when a definite disease can be ascertained as the ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (seeondary), 10 ds. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere wound



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Gounty Ballismone 21368	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 34
Village or City Stevenson (No	St; Ward) [It death occurred to a hospitat or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mith S 21 1915	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2, 1915, to 1915,
(Month) (Day) (Year) 7AGE If LESS than 1 day, hrs. yrs mos ds OR min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Contributory General Falls of policy (Secondary) (Duration) X yrs X mos 10 ds. Contributory General Falls of policy (Secondary) (Duration) X yrs X mos 10 ds.
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTH	(Signed)
of Mother Subil Rechmon 13 BIRTHPLACE OF MOTHER (State or country) Balt, City	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Comes Peterson	Where was disease contracted, If not at place of death? Former or usual residence
Filed D2C. 4th, 1915 HMm, G. Naylor REGISTRAR If more blanks are needed, address State Registra	19 BLACE OF BURIAL OF REMOVAL DATE OF BURIAL OCL. 5., 191 5. 20 UNDERTAKER ADDRESS Pikesville Ar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as cases, especially in industrial employments, it is neccausing death, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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childivirth or miscarriage, as "Purneral septichaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maile ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory Mways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can Examples: For vio-



RECORD

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MARGIN

No.

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UNFADING

21369



It LESS than

1 day, hrs.

OR min. ?

STATE OF MARYLAND

	CERTIFICATE OF D	EATH
SPITAL	Registration Dist. No.	41
	a l	[It death occurred in hospital or institution, re its NAME instead street and number.]
M	SEDICAL CERTIFICATE OF DEA	ATH
16 DATE OF DE	December 111	th , 191 5 (Year)
-	EBY CERTIFY, That I attended to 7th, 191 5, to December 7th, 191 5, to Decembe	deceased from
	h er alive on December	
and that deat	h occurred on the date stated a	bove, at 4.25P
The CAUSE O	F DEATH * was as follows: Drauch - & neum	· · · · · · · · · · · · · · · · · · ·
000000000000000000000000000000000000000		
***************************************		mosds.
Contributo Secondary	0	Toward
***************************************		12. 100s
(Signed)	e.c. Hrks.	, м. о,
	, 191 (Address)	IIAL
*State th CAUSES, state SUICIDAL OF I	ne Disease Causing Dwath, or, in deat e (1) Means of Injury; and (2) when Homicioal.	hs from VIOLENT ther ACCIDENTAL,
OR RECENT RE	in theyi acetrested,	TIDNS, TRANSIENTS,
THE RESERVE TO SERVE THE PARTY OF THE PARTY	uxton, Baltimore Co	ounty Md.
MY.	Carnel 12	OF BURIAL
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton only when needed. (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a dcfinite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. write Nonc. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tctanus) may be stated suicide. The nature of the injury, as fracture of skull, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds., Bron-chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; or miscarriage as "Puenperal septichaemia," The contributory (secondary or intercur-State cause for which wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC15 1915
BUREAU, V.S.

V. S. No. 1.

**State the DISRARD CAUSING DEATH, or, In death from Violant Carsus, state (1) Masso or Injury; and (2) whether Accident Carsus, state (1) Masso or Injury; and (2) whether Accident Carsus attention on Recent Residents. **State the DISRARD CAUSING DEATH, or, In death from Violant Carsus, state (1) Masso or Injury; and (2) whether Accident Carsus attentions of the Carsus attentio	County Baltimore Village or City Oslington Man 108 *PULL NAME Ruth Fin	CERTIFICATE OF DEATH Registration Dist. No. 3 [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
MARRIED, MANNE OF FATHER (State or country) 9 BIRTHPLACE (State or country) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MADEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 MADEN NAME OF FATHER (State or country) 15 MANNE OF FATHER (State or country) 16 MANNE OF FATHER (State or country) 17 BIRTHPLACE (State or country) 18 MANNE OF FATHER (State or country) 19 MANNE OF FATHER (State or country) 19 MANNE OF FATHER (State or country) 10 MANNE OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MADDEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 MADDEN NAME OF FATHER (State or country) 15 MANNE OF FATHER (State or country) 16 MOTHER (State or country) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw h & alive on Occ. (4 191) 18 MADEN NAME OF LOURS (STATE AND COUNTRY) 19 BIRTHPLACE (State or country) 19 BIRTHPLACE (State or country) 10 MOTHER (State or country) 11 BIRTHPLACE (State or country) 12 MADDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 MADDEN NAME OF MOTHER (State or country) 15 MANNE OF STATE (STATE OR COUNTRY) 16 MOTHER (State or country) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw h & alive on Occ. (4 191) 18 MADEN NAME OF LOURS (State or country) 18 BIRTHPLACE (State or country) 19 MANNE OF STATE (State or country) 19 MADEN NAME OF STATE (STATE OR COUNTRY) 10 MANNE OF STATE (STATE OR COUNTRY) 11 BIRTHPLACE (STATE OR COUNTRY) 12 MADEN NAME OF STATE OR COUNTRY (Secondary) 13 BIRTHPLACE (STATE OR COUNTRY) 14 MADEN NAME OF STATE OR COUNTRY (SECONDARY) 16 MOTHER OF STATE OR COUN	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
that I last saw he alive on the date stated above, at 1915 TAGE If LESS than 1 day	OMA WHOWED, Cassed	(Month) (Day) (Year)
**State to Trave Notes of State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 20 COPFATHER (State or country) 21 MAIDEN NAME OF FATHER (State or country) 22 MAIDEN NAME OF OF MOTHER (State or country) 23 BIRTHPLACE (State or country) 24 CONTRIBUTION NAME OF FATHER (State or country) 25 BIRTHPLACE (State or country) 26 BIRTHPLACE (State or country) 27 Address (State or country) 28 BIRTHPLACE (State or country) 29 BIRTHPLACE (State or country) 20 FATHER (State or country) 20 FATHER (State or country) 21 MAIDEN NAME OF FATHER (State or country) 22 MAIDEN NAME OF MOTHER (State or country) 23 BIRTHPLACE OF MOTHER (State or country) 24 MAIDEN NAME OF MOTHER (State or country) 25 BIRTHPLACE OF MOTHER (State or country) 26 MOTHER (State or country) 27 MAIDEN NAME OF MOTHER (State or country) 28 BIRTHPLACE OF MOTHER (State or country) 29 BIRTHPLACE (State or country) 20 MOTHER (State or country) 20 MOTHER (State or country) 30 BIRTHPLACE (State or country) 31 BIRTHPLACE (State or country) 32 MAIDEN NAME (State or country) 33 BIRTHPLACE (State or country) 34 BIRTHPLACE (State or country) 35 BIRTHPLACE (State or country) 45 BIRTHPLACE (State or country) 46 MAIN MAN OF INJURY; and (2) whether Accommon or Recent Residence in the of death (7) Former or usual residence. 10 FORCENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOS	(Month) 9 (Day) (Year)	that I last saw her alive on Dec 4 , 1914
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Addres	9 3. 1 day,hrs.	
Signed) OF FATHER OF ATHER OF ATHER OF ATHER OF ATHER OF ATHER OF MOTHER OF MOTHER OF MOTHER (State or country) Baltimore OF MOTHER (State the DISBABB CAUSING DEATH, or, In death from VIOLENT CAUSES, state (1) Means of Injunctions, Transients OF RECENT RESIDENCE (For Hospitals, INSTITUTIONS, TRANSIENTS OF MOTHER (State or country) In the OF MOTHER (State or country) Baltimore OF MOTHER (State or country) Baltimore OF MOTHER (State or country) OF MOTHER (State or country) OF MOTHER (State the DISBABB CAUSING DEATH, or, In death from VIOLENT TALL SUICIDAL, OF HOMICIDAL OF MOTHER ((a) Trade, profession, er particular kind of work. (b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds
Signed State of Country Saltanor Country Saltanor Country Corporation State of Country		(Secondary)
State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Tal, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place (In the above is true to the Best of My knowledge) (Intermant) (Address) (Ad	of Harrisaces Willer	(Oightou)
OR RECENT RESIDENTS) At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Address)	OF FATHER (State or country) Baltimore Certif	*State the DISEASE CAUSING DEATH, or, in deathw from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
(Intermant) I West a first the Best of My knowledge of Former or usual residence. 15 Noodland Gem Sec 18, 1915	13 BIRTHPLACE OF MOTHER (State or country) Balts more with	At place In the of death yrs mos ds.
16 Hoodlam Cem Lee 18, 1915	Gillord // (Time	If not at place ot death? Former or usual residence
REGISTRAR William Cook 502 LWork If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed Dee 15, 181 5 mm Gaussan REGISTRAR	Hoodlam Cem Lock 1915 20 UNDERTAKER William Cook 502 LWorts

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPERAL septichecmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of "Contributory." The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



No.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT classifled. pino properly supplied. may certificate. that 20 0 back terms. plain Instructions 2 of Inform DEATH See Instri WRITE CAUSE OF Important, S

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to Ward) a hospital or Institution, give its NAME inslead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1838 (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 dayhrs. The CAUSE OF DEATH* was as follows: 15 OR 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ ds. State _____ yrs. ___ mos. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 1106 DATE OF BURIAL ec. 17 1915 15 ADDRESS

If more blanks are needed, address State Registran E. Franklin St., Balto., Requesting V. S. No. 1.

3204 6 Donnell &1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons If the occupation has (6)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED Wison e properly sertificate. (Month) (Day) (Year) CERTIFY, That I attended deceased from 6 DATE OF BIRTH pe (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above ш 1 day, hrs. O The CAUSE OF DEATH * was as follows: S OR min.? 50 pplied. OCCUPATION (a) Trade, profession, or X particular kind of work SO (b) General nature of lodustry terms, structi business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 5 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIOEN NAME E 0 V OF MOTHER E OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death Where was disease contracted. 14 THE ABOVE KNOWLEDGE Every Item of should state C of If not at place of death? uppel residence (Address' , 191.9 15 UNDERTAKER m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstilial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uraemia," "Weakness," or miscarriage as "Puerperal sephchaemia," Always qualify all diseases resulting from childrailway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere "Atrophy," nound



MARGIN

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

PLACE OF DEATH	STATE OF MARYLAND
Comment (Baltimore 101)	CERTIFICATE OF DEATH
County	Registration Dist. No.
Sh. (O. 11	
Village or City Danow Town (No. //	St.; Ward) [It death occurred in a hospital or institution,
\sim	give its NAME Instead
2FULL NAME Sebelea Hann	ah Jugh ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH Dec 2 ", 1915
fem White (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
June 30th 1914	Dec 1915, to Dec 7, 1915,
(Month) (Day (Year)	that I last saw h lu alive on Dec. 1 d , 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 10 0 m.
t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs	
(a) Trade, profession, or Novel	Deasmodie Croup
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Duration) — yrs. — mos. 2 ds.
which employed (or employer)	d
State or country) Balls. Os. Med	Sacondary
	Congenitally wear horr (Duration) - yrs - mos - ds.
10 NAME OF PATHER OF PATHER	(Styned) S. H. Comics N. D.
11 BIRTHPLACE	Dec 34 1915 (Address) Spances Foins
11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER VIGINIA RYCKMAN	
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Organa Ryckman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Mary land	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Calvin Jugh	Former or
Shanges Ponis med	Usual residence.
(Address):	Con to the total of the total o
16 Que 28 - Glademan in ho	Cur Lawn remary 220, 1915
Filed 1966, 3, 1915 7. (-100) (1700) (1700)	20 UNDERTAKER ADDRESS
REGISTRAR	working werny s Salto, City
It more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: gainfully employed, as At school or At home. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of



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WITH

PERMANENT

1 PHYSICIANS Should statement certifical 0 back uo plain Instructions Information DEATH ō OF Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND 21374 CERTIFICATE OF DEATH Registration Dist. No. 40 Ilf death occurred le (No. Ward) a hospital or lostitution. give its NAME instead of street and number.] FULL NAM PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. 1912 WIDDWED. (Write the word) (Month) (Day (Year) LHEREBY CERTIFY. That'I sttended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, att dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? mos BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ____ ds. State _____ yrs._ 14 THE ABOVE IS TRU Where was disease contracted, If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-fication as Day laborer, Farm laborer, Laborer—Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease who receive a defluite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Caroin-

childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," State cause for "Exhaustion,"



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Musicupal (No. 1) 2 FULL NAME Clice Rice	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 St.; Ward) [If death occurred in a hespital or institution, give its MAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, BLEVELL	MEDICAL CERTIFICATE OF DEATH
Ferral White of BIVORCEO (Write the word)	HEREBY CERTIFY, That I attended deceased from 1915 to DIC - 15 1916
(Month) (Day) (Yen 7 AGE (Month) (Day) (Yen 1 LESS 11 1 day, h 6 OCCUPATION (a) Trade, profession, or particular kind of work Seamulfula	that I last saw h 2 alive on VCC. 15-1916 and that death occurred on the date stated above, at 41.5 and the call of the call o
(b) General nature of ledusiry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manuland	Contributory Secondary
10 NAME OF LILBURY DAWNS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signad) E. S. Ca O. R. M. Dec 15, 191 5 (Address) Municipe Jb. 1606 State the Dispars Causing Death, pr. in deaths from Violent Causes, state (1) Mains of Injury; and (2) whether Accidental, Suicidal of Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At piacs in the of death yrs. mas. 56 ds. Sists, 65 yrs. mos. d Where was disease contracted, if not st place of death? Former or usual residence.
(Address) FRed 12/15, 1915 Mirian Bac	19 PLACE OF BURIAL OR REMOVAL Salto. Gen 12/17, 1915 20 UNDERTAKER ADDRESS ADDRE

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) rocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed of the second statement. business, that fact may be indicated thus: Farmer (retired -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," ctc. cause. Always qualify all diseases resulting from ehild-"Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. or miscarriage as "Puenpenal septichaemia," State cause for which Never report mere



County Sally 21376	STATE OF MARYLAND CERTIFICATE OF DEATH /
Village or City Municipal JB 2 FULL NAME Patrick Radija	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) / (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Cury. (7 , 1915; to Olc. 13 , 1915
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.?	that I last saw h is alive on the date stated above, at 9.25° m The CAUSE OF DEATH * was as follows: Pulhisis Bullusualis
(b) General nature of lodustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER CICLOUIS Padigues 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME) 12 MAIDEN NAME)	(Signed) E. S. v. C. M. O. M. O. M. O. State the DINFARE CAURINO DEATH, or, in deaths from VIOLENT CAURES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Iselaul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yre. 3 mes. 2 7 de. Stats, yrs. mee. de Where wee disease contracted, If not et place of death?
(Informant) (Address)	Former or usual residence 1321 Europ 15 19 PLAGE OF BURIAL OR REMOVAG DATE OF BURIAL 12/15, 191.5
Filed 12113, 1915 MISSAU BALY REGISTRAN If more blanks are needed, address State Registrar, 1	20 UNDERTAKER FLYGUE HT22 fight 6 W. Saratoga St., Balto, Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) ' racery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa--Coal mine, etc. The material worked on may form part Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Piphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (nerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "PUERPERAL septichaemia," The nature of the injury, as fracture of skull, State eause for which "Atrophy," "Colwound



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County	or City Centensullano. Pring	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	² FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE MARRIED, WIDDWED OR DIVORCED Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE	OF BIRTH (Month) (Day) , 1827	that I last saw h alive on Sec 27, 1915,
7 AGE	88 yrs. — mos. — ds. It LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at / 30 m. The CAUSE OF DEATH * was as follows:
(a) partle (b) busin which	Trade, profession, or guilar kind of work Generat nature of industry ess, or establishment in the employed (or employer) THPLACE State or country)	Contributory Secondary (Duration) (Durat
ENTS	10 NAME OF FATHER Thu Brackful 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
1	3 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death
	above is true to the BEST OF MY KNOWLEDGE ntormant) Army have Plate tryph	if not at place of death? Former or usual residence
15 Filed	DOD 28, 1915 Marshall Blood REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MATERIAL SOLUTION 20 UNDERTAKER SEE J Smilt 1000 W Hegato
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

6.5

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Caok, state occupation at beginning of illness. Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm luborer, Luborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Catton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, urespective of age. business or industry, and know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa--Caal minc, etc. Women at home, who are engaged in the second statement. very important, so that the relative healthful-For persons who have no occupation whatever therefore an additional line Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations "PUERPERAL peritonitis," etc. State cause for which mus, genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as prabably such, if impossible surgical operation was undertaken. For violent deaths cough; Chronic valvular heart disease; Chronic interstitia to determine definitely. Examples: Accidental drowning. state means of injury and qualify as accidental, cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Never report mere nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Tracmia," "Weakness, Always qualify all diseases resulting from child-"Coma." The nature of the injury, as fracture of skull "Senile," The contributory (secondary or intercur-"Convulsions," etc.), "Dropsy," carbolic acid-probably "Debility" "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

S. No. 1.

	1 PLACE	OF DEATH		2	137	2	T
Coun	by B	altimor	e	Per			09
Villa	ge or City	Bay View	Asylum.		(N	0.	RITY
	² FU	ILL NAME	***********	Geo:	rge	W.	Rho
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pai bus wh) General nata siness, or est	of work are of lodustry ablishment in or employer)		100	an	# No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	2
	10 NAME FATHE	OF	orge		des		-
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PARE	12 MAIDE OF M	N NAME OTHER	Sar	ah :	Benr	net	ņ
	13 BIRTHE OF MO (State	THER or country)		ond	on)
	(Informant)	IS TRUE TO 1				OWLE	OGE
	(Address)				:	- 111
15 File	ed /2/2	5 191	5 7	ire	an	W)	Ba

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St:Ward)

Rhodes

Homore blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ilf death occurred in a hespital or institution,

Rnodes	or stront and number.		
ARS	MEDICAL CERTIFICATE OF DEATH		
gle	December 27th 1915. (Month) (Day) (Year)		
	October 22nd 191 5 to December 27 191 5,		
., 7852 (Year)	that I last saw h im alive on December 27 191 5,		
If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 0.551. The CAUSE OF DEATH * was as follows:		
	Cerebro-spinal syphilis		
•••••	(Ouration) yrs. mes. ds.		
	(Signed) J./Y. OMOUA, M. O. Dec. 28 191 5 (Address TY HOSPITAL		
GE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 2 mes. 5 ds. State, yrs. mes. ds. Where was disease contracted, if not at place of death? Former or usual residence 1607 W. Fayette St.		
7)	Balty. Hebrew 12/30, 1815		
Day	NO UNDERTAKER ADDRESS		

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiwrite Nonc. Housemaid, etc. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated hcad-homicide; Poisoned by Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "PUERPERAL septichaemia," carbolic acid-probably State cause for which Never report mere



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CIANS nent of	Coun	ty Ballisum 21379	STATE OF MARYLAND CERTIFICATE OF DEATH		
RD STLY. PHYSI.	Villa	ge or City Calouwelle (No. Con	Registration Dist. No. 30 2001. St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]		
RECOF EXAC sified.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
MANENT be stated perly clas	3 SE	TE OF BIRTH While Write the word) The of Birth While Write the word) The of Birth While Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to be a second of 1915.		
VERY TAGE (Month) (Day) (Year) (A GE) (A GE		If LESS than 1 day, hrs. OR min.? CCUPATION) Trade, profession, or ticular kind of work) General nature of industry	that I last saw h a alive on Manual 1915 and that death occurred on the date stated above, at 3 and the CAUSE OF DEATH was as follows: Cause of Death was as follows: Cause of Death was as follo		
WRITE PLAINLY, WITH UNFADING N. B.—Every item of information should be carefully should state CAUSE OF DEATH in plain term OCCUPATION Is very important. See instru	PARENTS 8 BI	10 NAME OF FATHER CAMULE PRICE 11 BIRTHPLACE OF FATHER (State or country) having and 12 MAIDEN NAME OF MOTHER CLEAR Wriftly 13 BIRTHPLACE OF MOTHER CLEAR Wriftly 13 BIRTHPLACE OF MOTHER CLEAR Wriftly 14 BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Law Law Law Law Comment of Mother Clear Country) (Address) Calumbally May Law	Contributory Secondary (Buralion) (Signed) CLASSES, MARCH State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of death yes		
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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired wife, Hausewark, or At Home, and children, not gainfully write None. state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Coak, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm luborer, Labarer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locamotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness chopneumonia (secondary), 10 ds. Never report mere Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puenperal septichaemia, etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia." Example: Measles (disease causing death); 29 ds.; Browrent) affection need not be stated unless important. cough; Chronic valualar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... Always qualify all diseases resulting from child-The contributory_(secondary or intercurg., sepsis, tetanus) may be stated "Dropsy," (Recommendations "Exhaustion,



RECORD

PERMANENT

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Very OCCUPATION IS PHYSICIANS should 10 statement EXACTLY. Exact stated may be properly classified. pe pinous AGE carefully supplied. certificate. so that it 0 DEATH in plain terms, See Instructions on back should Information 0 1 Every item CAUSE OF important.

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF FATHER (State or country)

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. SEX 4 COLOR OR RACE WIDOWED. ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE if LESS than 1 day hrs. OR mln. ? OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospital or institution,

Non E	obbin	4		NAME instead and number.]
ME	DICAL CER	TIFICATE O	F DEATH	
16 DATE OF DEAT	4	Dec	// (Dow)	1915
		(MOMEN)	(Day)	(real)
17 I H	EREBY CE	RTIFY, That	l attended ded	seased from
Och 15	, 1915	, to UE	2//	, 1915,
that I last saw hen	alive on	DEC		,1915
and that death occu	irred on the	date stated	above, at	2 m,
The CAUSE OF DE	reb of	as follows:	solldge.	Curren
Contributory (Secondary)	Ex La	(Daration)	yrs	osds.
Dec /2 , 191	S (Address	Jone	ens n	ed
*State the DISE CAUSES, state (1) TAL, SUICIDAL, or	ASE CAUSING	DEATH, OF	In deaths from	VIOLENA
19 LENGTH OF RES OR RECENT RESIDE At place of death yrs Where was disease conti if not at place of death? Former or usual residence	mos	in the	tnstitutions,	
20 outer	Penk	Calmel	DATE OF BU	RIAL
20 UNDERTAKER			ADDRESS	101.6

ADDRESS

PARENT 13 BIRTHPLACE OF MOTHER (State or country

15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Dneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.] cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of __ Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DAN 5-1916
BURDAU, V.S.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

21381 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4/

County Bilimore.

Village or CityHighlandtown. (No.204 S. Clinton St. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS 3 SEX Fe
**State of country) Princes Anne Co., Md. Contributory Secondary Contributory Contributory Secondary Contributory C
Thereby Certify, That I attended deceased from July IQ, 1915, to December 2Q, 1915, that I last saw here alive on December 2Q, 1915, that I last saw here alive on December 2Q, 1915, that I last saw here alive on December 2Q, 1915, that I last saw here alive on December 2Q, 1915, that I last saw here alive on December 2Q, 1915, and that death occurred on the date stated above, at 8 P: mr the CAUSE of DEATH* was as follows: Castric Carcinoma Castric Carcino
that I last saw her allve on December 20, 1915. TAGE (Month) (Day (Year) If IESS than t day, hrs. or min.? Castric Carcinoma. Contributory Secondary Contr
TAGE (Month) (Day (Year) (Agy
and that death occurred on the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In most of the date stated above, at 9. In the CAUSE OF DEATH * was as follows: Gastric Carcinoma. Indefinite (Duration) yrs most of secondary Secon
COCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Co., Md. 10 NAME OF FATHER GEORGE Larmore 11 BIRTHPLACE OF ATHER (State or country) Princes Anne Co., Md. 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Not Known 13 BIRTHPLACE OF MOTHER (State or country) Not Known 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. Where was disease contracted, Where was disease contracted.
Gastric Carcinoma. (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Co., Md. 10 NAME OF FATHER George Larmore 11 BIRTHPLACE OFFATHER (State or country) Princes Anne Co., Md. (Signed) Cluration) yrs mos ds 12-20- 1915. (Address) 3139 E. Baltimore (State the Disease Causing Death, or, in deaths from yrd. Mr. Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Causes, state (1) Means of Injury; and (2) whether Accident at the Cau
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) Baltimore Co., Md. Contributory Baltimore Co., Md. (Signed) Contributory Secondary Secondary (Signed) Contributory Secondary Secondary Secondary (Signed) Contributory Secondary Se
(b) General nature of Industry, business, or establishment in which employed (or employer) PRINTHPLACE (State or country) Baltimore Co., Md. 10 NAME OF FATHER GEORGE Larmore 11 BIRTHPLACE OF FATHER (State or country) Princes Anne Co., Md. 12 MAIDEN NAME OF MOTHER Not Known 13 BIRTHPLACE OF MOTHER (State or country) Not Known 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE Where was disease contracted, In the of death yrs. mos. ds Contributory Secondary Secondary Contributory Secondary Secondary Contributory Secondary Secondary Contributory Secondary Secondary Secondary Secondary Contributory Secondary Secondary Secondary In the of Mother Country) Princes Anne Co., Md. State the Disease Causing Death, or, in deaths from Violation Causes, state (1) Means of Injury; and (2) whether Accident at Pace OF MOTHER OF MOTHER State or country) Not Known Secondary Secondar
business, or establishment in which employed (or employer) BERTHPLACE (State or country) Baltimore Co., Md. 10 NAME OF FATHER George Larmore 11 BIRTHPLACE OF FATHER (State or country) Princes Anne Co., Md. 12 MAIDEN NAME OF MOTHER NOT KNOWN 13 BIRTHPLACE OF MOTHER NOT KNOWN 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWN FROM 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWN FROM 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWN FROM 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE) Where was disease contracted,
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(Signed) Glew & Gudress) 3139 E. Baltimore 11 BIRTHPLACE OF FATHER (State or country) Princes Anne Co., Ma. 12 MAIDEN NAME OF MOTHER NOT KNOWN 13 BIRTHPLACE OF MOTHER (State or country) Not Known 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE. (Signed) Glew & Gudress) 3139 E. Baltimore I2-20-, 1915. (Address) 3139 E. Baltimore CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident TAL, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
Signed) Clarmore 11 BIRTHPLACE OF FATHER (State or country) Princes Anne Co., Ma. 12 MAIDEN NAME OF MOTHER Not Known 13 BIRTHPLACE OF MOTHER (State or country) Not Known 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE (Signed) Clarmore 12-201915. (Address) 3I39 E. Baltimore CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residents) At place of Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 17 The Above is true to the rest of My Knowledge. 18 Where was disease contracted,
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14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE Where was disease contracted,
It not at place of wealth.
(Informant) black Robertson Former or usual residence.
204 9 93 4 9
(Address) 204 S. CIINTON St. PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
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REGISTRANTI OF A HOTAGE OF AND
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer. The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; SUICIDAL, OF HOMICIDAL, OF as probably (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

THE PHYSICIANS	Exact statement of	/
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTEX PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of	ck of certificate.
be carefully supplied. A	in plain terms, so that it	OCCUPATION is very important. See instructions on back of certificate.
m of information should	ate CAUSE OF DEATH	TION is very important
N. BEvery ite	should st	AGUOOG

Coun	'PLACE OF DEATH	21382	(3	STATE OF MA CERTIFICATE O	
Villag	ge or City2 FULL NAME				Ward)	[If death occurred in a hespital or institution, give its NAME Instead of street and number.]
4	PERSONAL AND STATE	STICAL PARTICU	LARS 9		MEDICAL CERTIFICATE	OF DEATH
3 SE	x 4 COLOR OR RACI	SINGLE, MARRIED, M WIOOWED OR OIVORCED (Write the word)	larried	16 DATE OF D	December (Month)	28th , 1915 (Day) (Year)
	TE OF BIRTH		, 1 847	Decree	REBY CERTIFY, That I at Der 22, 191 5, to Dec	ecember 28 ₁₉₁ 5
	E 68 yrs.		If LESS than 1 day, hrs. OR min.?	and that dea	th occurred on the date st	tated above, all .39 ws:
par (b) bus whi	control of work			••••••	ory Sufferted	Langrengt f
	10 NAME OF	Graham			(Ouralion)	hatia M.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Unk	nown		*State	th 191.5. (Address) City, the DISEASE CAUSING DMATH, or the (1) MEANS OF INJURY; and	
T V V V V V V V V V V V V V V V V V V V			HOMICIDAL. RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENT		
		At piace In the at death		n,yrsmes		
	HE ABOVE IS TRUE TO THE B			Fermer er	2549 Oak St.	
15	(Address)	ħ.) ,	mx.	Eurial OR REMOVAL	12/3/ 195
File	00 12/29 , 191 6	neream &	Daly	20 UNDERTAL		ADDRESS A. 11/

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

F C C 111

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question tion is very important, so that the relative healthfulprecise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

nephritis, etc. The contributory (secondary or intercurges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the Imerican Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. birth or miscarriage as "Publiberal septichaemia," "Publiberal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Anacmia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping head-homicide; Poisqued Struck to determine definitely. Examples: [Accidental drowning] (name origin; "Cancer" is less definite; avoid use of by railway train accident; Revolver wound Always qualify all diseases resulting from childby carbolic FOR VIOLENT DEATHS Never report mere "Atrophy," "Colacid-probably ACCIDENTAL, important. ("Con-



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 0 8 Registration Dist. No. [If death occurred to St: Ward) a hospifal or institution. RECOR give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH ENT 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. PERMAN WIDOWED.L (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day hrs. OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country) 1D NAME OF FATHER 11 BIRTHPLA 219f J. (Address) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of information of death yrs. mos. ds. Stafe yrs. _ Where was disease contracted. 14 THE ABOVE If not at place of death? Former or Item Every item CAUSE OF Important, usual residence (Address) 20 11 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Bato., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," For vio-



V. S. No. 1.

N. B.

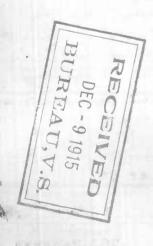
Cour	PLACE OF DEATH	21384	(3	STATE OF CERTIFICAT	MARYLAND E OF DEATH
Viiia	ge or City	(No. /	Municipa	al Sto. St. Ware	[If death occurred in a hespital or institution, give its #AME instead of street and number.]
	PERSONAL AND STA	TISTICAL PARTICUL	ARS	MEDICAL CERTIFICA	TE OF DEATH
3 se	x 4 COLOR OR RE	MARRIEO,	idowed		ber 8th , 1915 onth) (Day) (Year)
. b (a	5.8	(Month) (Day) mes. ds.	tt LESS than	hat I last saw h in alive on D and that death occurred on the dath occurred occurred on the dath occurred occurred on the dath occurred	ecember 7th, 191 5, ite stated above, al 2.10A
b (b bus whi) General nature of Industry ilness, or establishment in ich employed (or employer) RTHPLACE (State or country)			Contributory Secondary	aenalis.
PARENTS	10 NAME OF FATHER Char 11 BIRTHPLACE OF FATHER (State or country) PCY 12 MAIOEN NAME	les Rodman		Bigned) E. S. Cook	M. 0. M. 0. M. o. M. o.
14 TH	13 BIRTHPLACE	y Sproul nna. BEST OF MY KNOWLE	OGE	DENGTH OF RESIDENCE (FOR HOSPI OR RECENT RESIDENTS) At placa of death	In the Stata,yre,maa. de,
15	(Address)	h - ,	10	vaust residence 1247 W. Crps P PLACE OF BURIAL OR REMOVAL Vestern Cemetery	DATE OF BURIAL 12/9 1915
File	12/8 , 1915 /	Misiam K	Jaer 2	UNDERTAKER A. Krause	ACORESS 703 Hanover St

[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife. Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more mobile factory. mill; (a) Salcsman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed - (oal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Ando-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid-use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... cough; Chronic valvular heart disease; Chronic interstitiul and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage." "Inanition," "Maramus," "Old Age," "Shock," "Urermia," "Weakness," "Anaemia": (merely symptomatic), symptoms or terminal conditions, such as "Asthenia chopneumonia (secondary), 10 ds. Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations head-homicide; Poisoned by on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee or miscarriage as "Puenpenal septichacmia, Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," The contributory (secondary or intercurly symptomatic), "Atrophy," "Col-"Convulsions," "Debility" ("Conetc.), "Dropsy," "Exhaustion, carbolic acid-probably State cause Never report mermound

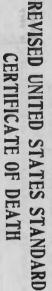


N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSTGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty Baltinon	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cauton (No. 1310, 2FULL NAME Frances	Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hernale While (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE OATE OF BIRTH O(Month) (Day (Year) (Year)	that I last saw her alive on the date stated above, at m.
yrs 3 mos 2/ ds. OR mig.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Couration) yrs mos 4 ds.
9 BIRTHPLACE (State or country)	Contributory Typustules Mennone Secondary
10 NAME OF FATHER John allegen	(Signed) # 13 (Address) 3 0 3 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Not Kussis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant)	Where was disease contracted, It not at place of death? Former or usual residence.
16 Och, 51, 1915 Clot, McClause	How Carmel Compact 1915

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory tetanus) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for Never report



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. if death occurred in -Ward) hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or ampioyer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs. ____ Where was diseasa contracted. 14 THE ABOVE IS TRUE If not at place of death?... Former or usuai residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopnoumonia (secondary), 10 ds. Never report ample: Meastes (disease causing etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affectiou need not be stated unless important. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of (Recommendations on statement of death), State cause for "Exhaustiou," 29 ds.;



1 PLACE OF DEATH CITY DETENTION HOSPT FOR INSANE STATE OF MARYLAND RHYSICIAN t statement CERTIFICATE OF DEATH County Baltimore Village or City..... St.:..... Ward) 2 FULL NAME Letitia Sakers classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE MARRIED, Unknown December White OR DIVORCED Female periy 6 DATE OF BIRTH pro 837 be may k 7 AGE tf LESS than AGE it ma back 1 day, hrs. OR min.? 78 yrs. mos. ds. fully supplied. E O 8 OCCUPATION (a) Trade, profession, or cns particular kind of work. (b) General nature of Industry instructi business, or establishment in which employed (or employer) Midwife 9 BIRTHPLACE See in (State or country) England 10 NAME OF E FATHER IInknown iraportant. I 11 BIRTHPLACE LN (State or country) 4 Unknown Ш SUICIDAL OF HOMICIDAL. Ω œ 12 MAIDEN NAME Q OF MOTHER LL E OF OR RECENT RESIDENTS 13 BIRTHPLACE a US OF MOTHER of death 2 yrs. 5 mos. 6 ds. Ilnknown (State or country) < Where was disease contracted. should state CA 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death Former or Every item (Informant) (Address) 15 m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No

If death occurred in a hospital or institution. give its NAME Instead of street and number.]

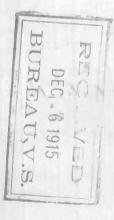
2nd (Month) I HEREBY CERTIFY. That I attended deceased from November 10th, 191 4 to December 2nd, 1915, that I last saw h.er alive on December 2nd 1915, and that death occurred on the date stated above, at 2...30PM The CAUSE OF DEATH # was as follows: Difused Arterio Sclerosis (Ouration) yrs. mos. contributory Arterio Sclerosis of the CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State, yrs. mos. ds.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in etc. without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valoudar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or misearrage "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull, as "Puerperal septichaemia," "Dropsy," State cause for which Accidental drowning; Never report mere "Exhaustion,"



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

[if death occurred in a hospital or institution. give its NAME instead of street and number.]

PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Fremse	4 COLOR OR RACE While While While Write the word)	16 DATE OF DEATH 12 24 , 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BI	(Month) (Day (Year)	that I last saw here alive on Del 23 1915
⁷ AGE	(Morth) (Day (Year) If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, prote particular kind (b) General nat business, or e	ssion, or of workure of industry,	Congristion Lings (Duration) yrs mos ds
9 BIRTHPLAC (State or	country) a wonofole front	Contributory Causey Sisser of Line 19. (Duration) yrs mos ds.
V 11 BIRTI	TER bylderick H. Louder	*State the DISPASE CHISING DRAW on in deaths from Working
12 MAID OF M	EN NAME MOTHER MANY E REAL	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State 14 THE ABOV (Informant)	E IS TRUE TO THE BEST OF MY KNOWLEDGE FIEDERICH HOSANDER	of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address	old amapolis Road	Loudon Park bem DEC 26, 1915

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applles to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertakeu. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puknperal septichucetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage." "lnanition," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT NEATHS state MEANS OF INJURY and qualify as The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Village or City (Marle Harle Jewe)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 32 St.; Ward) St.; Ward) [it death occurred is a hospital or institution, give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIEO, Married WIDOWED, WIDOWED, WIDOWED (Write the word) 6 DATE OF BIRTH Pau 26 1845	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I ettended deceesed from 1915. to DRC 2 , 1915.
(Month) (Day (Year) 7 AGE 1 LESS than 1 day, hrs. OR min.? OCCUPATION (a) Trade, protession, or Mark Mayor Druce (b) General nature of industry, business, or establishment in which amployed (or amployar)	chat I last saw here silve on Dec 2 ,1911 and that death occurred on the date stated above, et SP m, The CAUSE OF DEATH* was as follows: Coccle Cordeles (Duration)yrs6mosds.
OF FATHER (State or country) 10 NAME OF FATHER Yearny II Ochaeffer. 11 BIRTHPLACE OF FATHER (State or country) Backs Ind 12 MAIDEN NAME OF MOTHER (MIDDINE) Consideration	Contributory Secondary (Ourriton) (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or osual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bulta Lengthy Detection, 191.

1610E Schall If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional five is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: But in many

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unquallified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Injury, as fracture of skuii, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant ncoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomencla-"Collapse," "Coma," "Convuisions," "Debility" ("Conture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.); "Dropsy," "Exhaustion," Never report For VIO-



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N.B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD K INK WRITE PLAINLY, WITH UNFADING

County Baltimere 21390 Village or City Mistbut (No. China	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) [If death occurred in
2 FULL NAME Biles	a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wales 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Pr 11 1964	HEREBY CERTIFY, That I attended deceased from 191.5, to be 191.5,
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 10 cm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)	Still Firths (BuraHon) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
OF FATHER	(Signad) (Burstion) , yrs. ds. (Signad) , M. 0. Pre L (191 (Address) Notwood , M. 0. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcipal or Homicipal.
of MOTHER Observe Should of Mother Observe Obs	B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the of death
(Informant) The BEST OF MY KNOWLEDGE	if not at place of death ?
(Address) West put? Filedolle 2 , 191 5 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOCAL 3
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as Al school or At home. Cure should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile Jactory. mill; (a) Salesman, (b) Growery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton Housemail, etc. If the occupation has been changed is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. But in many eases, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,") Lobar pneumonia, Branchopneumonia ("Pneumonia,") indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Cons symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valuatar heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inauition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," by railroy train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PTERPERAL Never "Exhaustion," septichaemia, ACCIDENTAL, report mere



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred lo -Ward) a hospital or institution, give its NAME instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. 191.5 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h Land, allve on ... (Month) (Day (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, at 4 day 6 hrs. The CAUSE OF DEATH* was as follows: GR...... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Doration) 10 NAME OF FATHER ocauta 5, 191 . S. (Address) Ham 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ mos. __ Where was disease contracted. 14 THE ABOVE IS TRU MY KNOWLEDGE If not at place of death?-Former or (Intormant) usual residence LACE OF BURIAL OR DATE OF BURIAL (Address). 15 ., 191. 20 UNDERTAKER ADDRESS 191 REGISTRAR

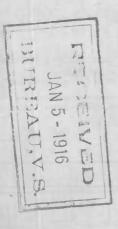
If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: eausing death, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucissis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcastes (disease eausing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



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PHYSICIANS REGORD PERMANENT Cla properly INK supplied. UNFADING back instructions plai Ω P-0 mportant. Every It

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, MARRIED. WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended decrased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than t day,.....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs, ____ mos. __ State __ __ ds. Where was disease contracted. It not at place of death?-Former or usual residence.

DATE OF BURIAL

20 UNDERTAKER

[if death occurred in

a hospital or institution.

give Its NAME Instead of street and comber. I

If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But in many first line wili be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, menunges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: \" LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital,"-"Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of cause for



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

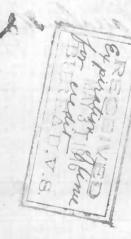
replace of DEATH. 222/3 County Baltuniore Village or City Highlandtour No. 3707 6 2 FULL NAME Baly Sch	STATE OF MA CERTIFICATE O Registration Dis St; Ward)	OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
SEX 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED Lugle OR DIVORGED (Write the word)	(Month) 17 ! HEREBY CERT!FY, That ! att	(Day) , 191 (Year)
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. 9 OCCUPATION (a) Trade, prefession, or	that I last saw halive on	, 191, ated above, atm.
particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary	yrs. mos. ds.
10 NAME OF OF PATHER CALLS Charled State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTH	(Signed) 191 (Addrasa) *State the Disease Causing Darth or, Causes, state (1) Means of Injury; and (1) Suicidal or Homicidal.	in deaths from VIOLENT 2) whether ACCIDENTAL,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the af dasthyrs	NSTITUTIONS, TRANSIENTS,yrs,ds,
(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fled May 3, 18 Cle Mil Vanalia	30 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidentic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pranmonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT PEATHS "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning, birth or miscarriage as genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The eontributory (secondary or intercur-"Puerperal septichaemia, "Dropsy," "Exhaustion,



WRITE PLAINLY, WITH UNFADING INX-THIS IS A PERMANENT-RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND

21303 (N	CERTIFICATE OF DEATH
County	Registration Dist. No. 35
Village or City (No. 4)	Fehomaker [If death occurred la a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4 COLOR OR RACE MARRIED. Married. White the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on Dec 29 1915
TAGE 3 9 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12 mm. The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Claration ors mos. ds. Contributory Claration ors mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12	(Signed) Deration yrs mos ds. (Signed) , M. D. 191 (Address) Ashmung states
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Baltimore (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) Southern Skimaker	Where was disease contracted. If not at place of death? Former or usual residence
Filed Dec 30, 191 J 22 & Questing Registrar	David Rigdelow Jan 24, 1916 20 UNDERTAKER Leover L. Reuth 735. Hartord

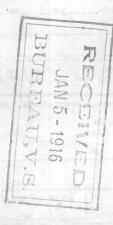
If more bianks are needed, address State Registral, 6 E. Franklin st., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Coutributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uenteral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report iffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a defluite disease can be ascertained as the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Semile," etc.), "Dropsy," "Exhaustion," For vio-



N. B.-Every Item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Collins 21394	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Lightan Startes St.	Registration Dist. No. [If death occurred is a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIEO, WIDOWEO OR OIVORCEO (Write the word)	18 OATE OF OEATH Section 194. (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Month (Month) (Day)	that I last saw him alive on Dec 10 th 1915
7 AGE If LE 1 day,	and that death occurred on the date stated above, at 1.304. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, prefession, or particular kind of work (b) General natore of industry	- Sealet fives
business, or establishment in which employed (or employer) BIRTHPLACE	Contributory Cenned Ob Levels
(State or country) Balling	Becondary Broncho-presumona
10 NAME OF FATHER Frank J. Schunt (2)	(Signed) (Ouration) yrs. mes.
T BIRTHPLACE OF FATHER (State or country) Caltumore, M	*State the Distrage Causing Dearn, or, in deaths from Violent Causes, state (1) Mrans of Injunt; and (2) whether Accidental, Suicinal of Homicidal.
of Mother Marie Voltoer 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN DR RECENT RESIDENTS) At place of deeth ws
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deeth yrs. mss 23 de. State, 5 yrs. 6 Where was disease contracted, If not at place of death?
(Address) 329 S. Furror	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed Clee 10, 1915 Stagan	PRAR SISTEM Cometery Le. 104, 1913. PRAR SISTEMAN CONTESS PRAR SIS
If more blanks are needed, address State Re-	egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

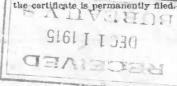
[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Forcman," "Manager," "Dealer," ctc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for n.alignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intereurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptoniatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H "morrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICINAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before



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No. vi

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [if death occurred in a hospital or institution, give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) .mos..... which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHERS 11 BIRTHPLACE (Address) 303 U ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ___ yrs. ____ ds. State Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (informant)usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," None.

Statement of cause of death—Name, her, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for death), 29 ds.; Never report For VIO-



RECORD

PERMANENT

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UNFADING INK-THIS

WRITE PLAINLY, WITH

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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Village or City My Stenans (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dis', No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 9 htt (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
(Month) (Day) (Year)	that I last saw h alive on
7 AGE 11 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) mary land	Gontributory (Secondary) (Duration) yrs mos. ds.
10 NAME OF FATHER Unknown	(Signed) Samuel Thouseholder, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Intermant) Souther Sand	It not at place of death? Former or usual residence.
Filed Die 27 1915 7 H. REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL PAUN DERTAKER MAN J. WALLS YSON 1/8 W. MYROYAL PERSON 1/8 W. MYROYAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('nal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-crospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purrement septichaemus," "Old Age," "Shock," "Taemia," "Weakness," oma. Sarcoma. etc., of . ture of the American Medical Association.) eause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis ver" is less definite; avoid use of "Tumor" for mails nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Never repor Examples:



MARGIN

eated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD stated AGE should be st properly classifled. UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH

CAUSE OF Important. S

N. B.

02

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	40
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St.; -Ward) [If death occurred in a hospital or institution, give its NAME lastead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Single words 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from [14] [15] [16] [17] [18] [18] [18] [18]
7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. OR min.?	that I last saw hen alive on Let 19, 1915. and that death occurred on the date stated above, at 920 A. m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or omployer)	Couration) yrs. 3 mos. ds.
9 BIRTHPLACE (State or country) Balto. Co. Mel. 10 NAME OF FATHER Limiting Shunahan 11 BIRTHPLACE OF FATHER (State or country) Ireland 22 Maiden NAME OF MOTHER OF MOTHER	Contributory Blowl January (Buration) yrs mos fo ds (Signed) January M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) Suland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Elizabeth Carroll	TAL; SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piace in the of death yrs, mos ds. Where was disease contracted, If not at piace of death? Former or
(Address) 5-07 6 30 001 15 Filed Doody, 1915 No. 7 18 September 1915 REGISTRAR	Usual residence. 19 PLACE OF BURIAL OR REMOVAL St. John's ben Long Free to One 22, 1910 20 UNDERTAKER Lach Bros Long Greenhy trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



PERMANENT UNFADING WITH

state OCCUPATION IS PHYSICIANS of statement EXACTLY. Exact classified. pe pluods properly AG supplied. pe may certificate. that It 80 90 back terms, pinous 0 plain Instructions Information DEATH In 0 OF Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred lo .Ward) a hospital or Institution. give its NAME Instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S AINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCEO Write the word nace CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment lo which amployed (or employer) ... 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER (Signed 11 BIRTHPLACE FNI OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME AR TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the yrs. mos. ds. State Where was disease contracted. If oot at place of death?. usual residence OF BURIAL OR REMOVAL DATE OF BURIAL Jes 15 20 UNDERTAKER ADDRES REGISTRAR

M more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation wintever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite symonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purpresal septichacaffection need not be stated unless important. Example: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Reart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronia valvular heart disease; Thronic interstitial mephritis, oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of etc. State cause for (name origin; "Can-



[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery: (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify was Accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths head-homicide; Poisoned Struck by railway train-accident; Revolver wound of "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septicharmia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurby carbolic State cause for which acid-probably ("Con-



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 1.

Cou	inty Balte 21400	(28)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	age or City (No. ,)	sitz	St.; Ward) [If death occurred a hospital or institution give its NAME instaa of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	10	MEDICAL CERTIFICATE OF DEATH
3 SE	Wall white Single, Married Wissowes on Siverced (Write the word)	18 OATE O	F OEATH See 15, 191 (Month) (Day) (Yes
6 0/	ATE OF BIRTH	that I las	HEREBY CERTIFY, That I attended deceased fr DV: 23, 1915, to Dec. 15, 1916 t saw h sing alive on Dec. 15, 1916
TAG		1	death occurred on the date stated above, at 30.
7 pa	a) Trade, profession, or facewather articular kind of work b) General nature of industry usiness, or establishment in which employed (or employer)	Contri Second	(Ruration) yrs. mos.
RENTS	10 NAME OF FATHER Walter Likowity 11 BIRTHPLACE OF FATHER (State or country) Poland 12 MAIGEN NAME	*St	S. C. G. M.
A	13 BIRTHPLACE OF MOTHER (State or country)	OR RECE	OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN NT RESIDENTS) In the Mas 2 de. Mate, / Mars. Mos.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		esse contracted, with survey of death?
	· · · · · · · · · · · · · · · · · · ·	19 PLAGE C	E BURIAL OR REMOVAL OATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. Statement of Occupation-Precise statement of oecupa-('oal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy, Exhausum, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," cte. cause. Always qualify all diseases resulting from ehildon Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably or misearriage as "Puenperal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), "Dropsy," "Exhaustion," The contributory (seeondary or intercur-.State eause for which Never report mere wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING .Y. S. No. 1.

PLACE OF DEATH 21401	STATE OF MARYLAND
County Batterns	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Taurancele (No. 460) * FULL NAME Gilbert Slyo	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
111 ale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Sept 1915 (Month) (Day) (Year)	that I last saw h alive on 15. 1915
7 AGE if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
Ca) Trade, profession, or parficular kind of work. (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duraflon) yrs
9 BIRTHPLACE (State or country) Balterion Carry	Contributory (Secondary) (Secondary) (Ogration) yrs mes 2 ds.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OFFATHER OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OFFATHER O	(Signed) (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Frederickshulp Va	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) Af place In the of death
(Informants Lenge W. Syller	Where was diseasu contracted, If not at place of death? Former or usual residence
(Address) & James Claud Survey Filed Dlc 27, 191 Claud Survey REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Backer Centry 20 UNDERTAKER ADDRESS SOZE MOLL
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," anqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PURRPREAL scptichaccause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and quality as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:



1 PLACE OF DEATH EXACTLY. PHYSICIANS sified. Exact statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number. 7 classified MEDICAL CERTIFICATE OF DEATH 3 SEK SINGLE. 16 DATE OF DEATH MARRIED, Widowe OR DIVORCED (Month) properly certificate I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH pino Dec. 24 (Month) TAGE If LESS than and that death occurred on the date stated above, at 70 m. EX 1 day, hrs. U The CAUSE OF DEATH * was as follows: OR min. ? hat OCCUPATION C supplied 0 (a) Trade, profession, or ons particular kind of work 08 (b) General nature of industry terms, instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER pino ortant I RENTS 11 BIRTHPLACE (Address) (State or country) 4 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MRANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. information : mp 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At piece OF MOTHER In the WRITE (9 (State or country) et death ута. should state CAI Where wer disease contracted. it not at place of death? usual realdance DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs. J. For persons who have no occupation whatever, write None. 3

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and cadsafin), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal maningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Wcakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

County	B2	ltimore	2140	3		CERTIFICATE OF Registration Dist.	No. 41
Village		NAME Ma		······		Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSON	AL AND STATIS	TICAL PARTICUL	LARS		MEDICAL CERTIFICATE OF	DEATH
3 SEX		COLOR OR RACE White	SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	ldow		December 8t	(Day) (Year)
© DATE OF BIRTH (Month) (Day) , 7 851			17 I HEREBY CERTIFY, That I attended deceased from November 10 , 191 4, to December 8th 191 that I last saw h. er alive on December 8th, 191	mber 8th 1915,			
7 AGE	6	54 yrs	- mos,ds.	if LESS than 1 day, hrs.		ath occurred on the date stat OF DEATH * was as follows	
partic (b) (b)	Trade, profession cular kind of w General nature (ess, or establi	ork of Industry	ne		Diffus	sed Arterio Scler	***************************************
9 BIR	THPLACE State or countr	Baltim	ore		Contribu Secondary (Signed)	Cory Mitral & Aort	ciency.
Z 1	11 BIRTHPLA OF FATHE (State or 12 MAIDEN I OF MOT	country) Ge	rmany		*State CAUSES, S SUICIDAL O	, 181. J (Address) O. C.	
	3 BIRTHPLA OF MOTH (State or	Margar ce en eountry) Ger	et Held many		OR RECENT		STITUTIONS, TRANSIENTSyrsmosds
	formant)	TRUE TO THE BES	ST OF MY KNOWLE	DGE	if not at place of Former or usual residence.	of death? 1434 regs	HAR
15 Flied	(Address)	, 191,5 M	cream	Buer	19 PLACE OF	llo ben	DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from first line will be sufficient, e. g., Farmer or Planter, Physibusiness, that fact may be indicated thus: Former (refired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servent, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, applies to each and every person, irrespective of age ness of various pursuits can be known. write None of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the Housemaid, etc. know (a) the kind of work and also (b) the nature of the -('oal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonities," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonio (secondary), 10 ds. cough; Chronic valuatar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. or misearriage "Old Age," "Shock," "Uracinia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septicharmia," Examples: Accidental drowning, American Medical Association.) "Dropsy," State cause for which Never (Recommendations "Exhaustion," report mere

If this critificate is booked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is, permanently filed.

the certificate is permanently filed.

03/YFC

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

County Galdi	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or Gity No. (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Orbite Single, Wilder Strike Wilder, Orbite Wilder (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH (Month) (Day (Year)	Lec. ZD 1915 to Lec. \$21, 1915. that I last saw har allve on Loc. 21, 1915
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1 Pm. The CAUSE OF DEATH* was as follows: Louble Russia loban
(a) Trade, professian, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Cesebral Compliantin
10 NAME OF L. Lester Fruits	(Signed) June 1978 mos 2 ds. (Signed) June 1978 M. D.
11 BIRTHPIACE OF FW HER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds
(Informant) The Manue B. With	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) A BYR Mai	Fork Chustian Centery Date of Busial 20 UNDERTAKEN
Filed 1992 1915 1915 1915 1915 1915 1915 1915	Trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For VIO-



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YLAND DEATH

on Dist. I	No. 41
1)	[if death occurred in a hespitat or institution, give its NAME instead of street and number.]
ATE OF I	DEATH
Dec en	4th ,1915 (Day) (Yoar) ded deceased from mber 5then 5 ber 4th 1915 dabove, at 7.30A
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DA	TE OF BURIAL

V. 8 No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

engineer, Stotionory fireman, etc. applies to each and every person, irrespective of agewrite Nonc. business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Sevent. Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care -heald be wife, Housework, or At Home, and children, not sainfully who receive a definite salary), may be entered as House-—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Hannkeepers precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Pealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner. (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may foun part But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrespinal fever (the only definite synonym is "Epidemic rerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

cough; Chronic valvular heart disease; Chronic interstitio ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. on Nomenclature of the American Medical Association, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichoemio," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Mcosles; Wheoping (name origin; "Cancer" is less definite; avoid use of "Anaemia" by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(merely symptomatic), The contributory (secondary or intercur-"Puerperal septichoemio," Never "Atrophy," "Colacid-probably report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



400 m

No.

PHYSICIANS should state of OCCUPATION TO VETY RECORD statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED MANNED
ORDIVORCED
(Write the word) Exact stated DATE OF BIRTH properly classified. be (Day IS 7 AGE if LESS than should f day,.....hrs. THIS AGE 8 QCCUPATION INK (a) Trade, profession, of particular kind of work carefully supplied. pe (b) General nature of industry. business, or establishment in UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 80 0 on back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) 12 MAIDEN NAME DEATH in plain See instructions OF MOTHER of information OF MOTHER (State or country) CAUSE OF Important. 15 B. REGISTRAR / Marudian Meller ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH 22198

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

If death occurred in St.;....Ward) a hospital or institution,

les		s NAME instead et and number.]
MEDICAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	7	, 191.5
(Month)	(Day	(Year)
17 I HEREBY CERTIFY, That	I attended	deceased from
1 × 1 15 , 191 , to 1 ×	17/	3 191
that I last saw h 2 alive on	,	, 191
and that death occurred on the date state	d above, at	// 0° m
The CAUSE OF DEATH * was as follows:		
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	noma	, M. D.
1219/13,191 (Address) 2 9	19 01	rettols
*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths and (2) who	from VIOLENT
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)		IS, TRANSIENTS,
Af place in the		man (d)
Where was disease contracted,	yrs	mos ds
If not at place of death?		0 - 0
Former or usual residence	~~~! ~ 0 0 0 0 0 0 0 1 0 1 0 1 0 1 1 1 1 1 1 1 1 1	
19 PLACE OF BURIAL OR REMOVAL	DATEOF	BURIAL
Mr Coarmel Clanton	Wisc	111 191 5
20 UNDERTAKER	ADDRESS	
The Care		10 0



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Mcastcs (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For VIO-



PERMANENT

pe 50 back See Instructions 0 0 OF mportant. Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... Ilt death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE. MARRIED. WIDDWED, widow (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted. 14 THE ABOVE IS if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ر 191 م 20 UNDERTAKER ADDRE 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-For vio-



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. BINDING MARGIN RESERVED FOR

Village or City Maddle Rourich	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MODIO OR DIVORCED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day), 191 (Year)
TAGE (Month) (Day) (Year) TAGE (Month) (Day) (Year) (Year) TAGE (Month) (Day) (Year) (As. OR min.?	that I last saw h alive on how / 4 , 1918 that I last saw h alive on the date stated above, at 250 f The CAUSE OF DEATH * was as follows:
Aarlicular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country)	(Signed) (Burellen) 7 yrs. mos. (Burellen) 7 yrs. mos. (Signed) Au 19
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DIBEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIOAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Al plecs in the of deeth yrs. mes. de. Siele, yrs. mos.
(Address) moderno	Former or usus! residence 19 PLACE OF BURIAL OR REMOVAL AT 22, 191V. 20 UNDERTAKER Christian Micles Back

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Architect, Locomotive engineer, Never return " etc., without more If retired from "Laborer," (b) Auto-

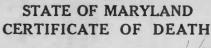
Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Indumenta, Bronchopneumonia ("Pneumonia, Bronchopneumonia of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning, mus," "Old Age," "Shock," "Ura-mia," "Weakness, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by carbolic acid-probably Struck state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "An Jemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of birth or miscarriage "Heart failure," "Heemorrhage," "Inanition," "Maraschopneumonia Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," State cause for which Never report merc "Exhaustion,"



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS WRITE PLAINLY, WITH Item of information should be CAUSE OF Important. 'n

County



Registration Dist. No.

Village or City Westbut (No ,	St.; Ward) • [If death occurred in a hospital or institution,
*FULL NAME Grant V.	ther fus
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STREET, MARRIED, MARRIED, MIDOWET, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH OCT. Mudney, 1870 (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from
7 AGE 45 yrs. mos. ds. lf LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6.4 5 Cm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Mushuran vs.
9 BIRTHPLACE (State or country) Balls M.	Gentributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Balls MA 12 MAIDEN NAME	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 Date 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Maggie Mayar	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Filed Oce // 1915 Fi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 12, 191.3

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulit should be used only when necded. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But iu many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the nisease causing death—Name, first, the nisease causing death—Name, first, the nisease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligaffection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... thenia," "Anaemia" (merely symptomatic), "Atrophy," such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Ex-0E

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JANA 1915
BUREAU, V.S.

. AGE should be stated EXACTLY. PHYSICIANS should state properly classifled. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be information. See instructions on back of certificate. WRITE PLAINLY, WITH

V. S. No. 1.

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PLACE OF DEATH

21408



STATE OF MARYLAND

EMounnes!

County	CERTIFICATE OF DEATH
VIIIage or City Governs (No. 5211) 2FULL NAME Mary 7 St.	Registration Dist, No. St slorge we st.; Ward) Li Li Li Li Li Li Li Li Li L
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
72 Married Mute Single, Married Widowso, Worker (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from
Declines 5th, 1855 (Month) (Day (Year)	Oce // 1915 to dec 15 1915 that I last aaw her allve on dec 10 1915
TAGE It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date atated above, at 8.15 P. m The GAUSE OF DEATH* was as follows: Pulling or in a
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Baltimosa Md Md Maltimosa Md	Contributory Example (Buration) - yrs mos 7 ds. Secondary (Buration)
10 NAME OF Richard & Williams 11 BIRTHPLACE	(Signed) Ell Dene are, M. D. DEC 16, 1915 (Address) Govarre, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CONTROL CATAL	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place 10 the 0f death yrs, mos ds.
(Informant) William 7 Strickless	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) 52/1 St Seorgiave Sovan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal scotiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory Always qualify all diseases resulting "Semile," etc.), "Dropsy," "Exhaustion," Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) etc. State cause for Never report For vio-



		SHYSICIANS	
	RECORD	EXACTLY. I	
S Z Z	A PERMANENT	should be stated	f certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS	carefully supplied. AGE	ee instructions on back o
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	OCCUIDATION is very important. See Instructions on back of certificate
V. S.		S. S.	

1 PLACE OF DEATH	STATE OF MARYLAND	
County Ballinon 61909	CERTIFICATE OF DEATH	
7-0	Registration Dist. No. 32_	
Village or City Cosolle (No	St; Ward) [if death occurred in a hospital or institution.	
2 FULL NAME Still borne forths.	Hortus and Mary Andersay of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
JO FOR KNOWN WILL SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
DEC. 194 191	, 191, to, 191,	
(Month) (Day) (Yee	that I last saw h alive on	
3/2 Months 708/mo - 1 day, 100 or min	IS. The CAUSE OF DEATH & was as follows:	
	- marting	
8 OCCUPATION (a) Trade, profession, or particular kind of work	Line San In the	
(b) General nature of lodustry business, or establishment in	The Market of the Control of the Con	
which employed (or employer)	(Durstion) yrs. mos. ds.	
9 BIRTHPLACE (State or country)	Contributory Secondary	
10 NAME OF	(Burstion) yrs, mes ds.	
FATHER STENSON Sullivan	(Signed) M. O.	
OF FATHER	DSC 20, 191, 1 (Address) Pharacle My	
T BIRTHPLACE OF FATHER (State or country) May Laud 12 MAIOEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
a Mary Thinly are	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(State or country) Maryland	At place in the et deathyrsmesds. State,yrsmesds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
(Informant) Hanga Challes and	Former or usual residance	
(Address) Moshyn J.D. Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Man Moorble Leed DE 20., 1917	
Filed SE 20, 1915 XISMA C. Maylo	20 UNDERTAKER HABILITAN FOTTAL ROLL ROLL	
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton only when needed. As examples: (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningitis is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the or miscarriage as "Puerperal sephichaemia," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations ACCIDENTAL,



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS N. B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

	PLACE OF DEATH		STATE OF M	ARYLAND
	Justy Bellimore 21410	(10)	CERTIFICATE	OF DEATH
1	bunty	161	Regist	ered No. 32
v	illage or City Gaves Road (No		St;Wa	Ilt death occurred in
	Wathless li	+1		give its NAME instead et street and nomber.]
	FULL NAME JUNEUM SU	ich	***************************************	*********
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
3 31	marche Met WIOWED, Manuel	16 DATE OF E	(Month)	
80	ATE OF BIRTH	17	I HEREBY CERTIFY, The	t I attended deceased from
	7 /3 ,572	for	a july hony	Q, 191,
	(Month) (Day) (Year)	that last saw	har allve on	C 26, 1915
7 A	GE If LESS than	and that death	occurred on the date stat	ed above, at 2 ar m.
	42 yrs 10 mos 14 ds. or min.?		F DEATH* was as follows	
-		-8	. n	20.01
	CCUPATION) Trade, profession, or		Lalleho !	week.
	Trade, profession, or Jousewefe			A
	General nature of industry, iness, or establishment in		(Duration)	Centromound os.
whi	ch employed (or employer)			1100
9 B	(RTHPLACE tate or country) Enfland	Contributo (Secondary		yrs mos ds
	10 NAME OF Jont Know	(Signed)		Myse, N.O.
S	11 BIRTHPLACE	Dec 27	, 191 5 (Address)	Could
ARENTS	(State or country) Sout Know	*State the CAUSES, stat	DISEASE CAUSING DEATH, OR (1) MEANS OF INJURY; EL, OF HOMICIDAL.	r, in deaths from VioLent and (2) whether Acciden-
PAF	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER			S. Institutions, Transients,
	13 BIRTHPLACE OF MOTHER (State or country) Donk Know	of death yr	s ds. State	yrs, ds.
141	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseas	e contracted, death?	
	Informant) Cohn Sulch	Former or usual residence	Massage Name	
	(Address) Baves Road	19 PLACETOF	BURIAL OR REMOVAL	DATE OF BURIAL
1.5 Fil	of Dec - 28, 1915 Henry Allaylor	20 UNDERTAR	e Chefiel	ADDRESS 191.0
Fill	Pegistran	CO	1 XKieff	Thesoule
	f more blanks are needed, address State Registra	r, 6 E. Franklin	St., Balto., Requesting V. S	No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekccpers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perionaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Purspenal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent: Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin: "Can The nature of the Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

on Film Cl10 6/18/17 dm Cemetery Record PLACE OF DEATH Undertaker's Record	STATE OF MARYLAND CERTIFICATE OF DEATH			
Gounty Charles County	Registration Dist. No. 32			
Village or City Lingtone (No. 107, Cakley City St.; Ward) [If death occurred in a hospilal or Institution, give its NAME instead of street and nomber.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SSEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)			
8 DATE OF BIRTH 1884 (Month) (Day) (Year)	that I last saw har alive on the saw har alive of the saw har alive on the saw har alive of t			
TAGE If LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:			
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) PEIRTHPLACE (State or country)	Contributory (Secondary) (Doration) yrs. mos. / 2/ds. Contributory (Secondary) (Objection) yrs. mos. ds.			
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)			
13 BIRTHPEACE OF MOTHER (State or country) Butto City mod	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds, State yrs, mos ds,			
(Informant) (Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence			
Filed Del. 14, 1915 m. Galley are REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS			
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or indust, y, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "H art fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for mailg nant neoplasms); Heasies; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing valvular heart disease; Chronic interstitial nephritis, oma. Surcoma. etc., of ... The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds. "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PUREAULY BUREAULY

V. S. No. 1.

important.

N. B.

PHYSICIANS should state of OCCUPATION is very PERMANENT RECORD properly classified. Exact statement stated EXACTLY. 4 should be UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s

Village or City Baynesville (No. 2) 2141 2141 Village or City Baynesville (No. 2) 2FULL NAME Eleanore Q. 8	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Mute Single, widower, Single of DATE OF BIRTH	16 DATE OF DEATH DEC 24th, 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, 191, to 191, 191, 191, 191, 191, 191, 191, 191
7 AGE (Month) (Day (Year) 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or perticular kind of work. (b) Deneral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MA	Contributory Service bushely (Baratan) (Baratan)
10 NAME OF FATHER Dennis S. Sweary 11 BIRTHPLACE OF FATHER (State or country) Md 12 MAIDEN NAME COF MOTHER CLANOTE, a. Suiton	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) St. Cornelia Sweary (Address) 704 M. Carey ST.	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL COUNTRICK DEC. 24 , 1915. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dnties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement, of State canse for Never report For vio-



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified. properly pe may certificate. 80 0 back terms. hould UO plain Instructions = EATH See CAUSE OF Important. S

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. fif death occurred in a hospital or Institution. give its NAME lostead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 4 COLOR OR RACE 6 SINGLE. MARRIED WIDOWED (Month) ORDIVORCED (Write the word) (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 days hrs. The CAUSE OF DEATH* was as follows: OR min. ? OCCUPATION (a) Trada, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duratice) which employed (or employar) Contributory Secondary (State or country LAME OF (Signer PARENTS BIRTHPLACE (Address)__ OF FATHER (State or coun *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NACE TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the ot death _____ yrs. ___ mes. ___ ds. State _____ yrs, ____ mos._ Where was disease contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE If not at place of death? Former or usual residenca 19 PLACE OF BURIAL OR REMOVAL 15 ADDRESS REGISTRAN

If more blanks are needed, address State Registrer, & E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PERMANENT RECORD

4

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

Co	PLACE OF DEATH ounty Catonsville Md. illage or City CatonsvillyNo.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME Mellie Thor		of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
de	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WOODINGRED (Write the word)	16 DATE OF DEATH OLC 30 ,19U- (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
	(Month) (Day (Year)	that I last saw held alive on Lee 2.9 1916
	If LESS than t day,hrs.	and that death occurred on the date stated above, at 3
Y p	a) Trade, profession, or articular kind of work b) Denerat nature of industry, sincess, or establishment in	de Sreffe + Bronolules
	hich employed (or employer) BIRTHPLACE (State or country) Two gives	Contributory Office (Duration) yrs mos ds. (Duration) yrs mos ds.
TS	11 BIRTHPLACE OF FATHER 1 M. J.	(Signed) Marshall B Wist , N. D. doe 31, 1913 (Address) Catounulle he
PARENTS	(State or country) (State or cou	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) Af place In the of death yrs, mos ds. Where was disease contracted,
	(Informant) annie Woods	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 F	iled abor 34, 1915 marshall B Wish	Western Stan Jan. 2, 1915 20 UNDERTAKER. Pull NY VI TORON
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for chiidbirth or inlscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is iess definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIO-



A PERMANENT RECORD

UNFADING INK-THIS IS WRITE PLAINLY, WITH V. S. No. 1.

PLACE OF DEATH 21415 County Mt Hone Bulto Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 5
VIIIage or City Met Hope (No. Met Ho 2FULL NAME Marlin Thour	give Ite NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unile While (Write the word)	16 DATE OF DEATH DER 10 1915 , 791. (Month) (Day (Year) 17. 1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	Δες 7/4 , 1919, to Δες 10 , 1915 that I last saw ht. allve on Sec 10 , 1915
7 AGE (16 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9. P. The CAUSE OF DEATH* was as follows: Chr. Mania - Depres - Lope -
(a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	abt 16 (Duration) 16 yrs. mos.
which employed (or amployer) BIRTHPLACE (State or country) A	Contributory Ex Hypostalic Congest shings & Secondary Secondary (abt (Duration) O yrs O mos. 8
10 NAME OF Elisha Hury Thourson 11 BIRTHPLACE	(Signed) Frank & Flanning, M. Die 11th, 1915 (Address) Met Hope Remai
OF FATHER (State or country) Phila Pa 12 MAIDEN NAME OF MOTHER Margaret Murphy	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Phila Pa_	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) Al place of death yrs. mos. ds. State yrs. mos.
(Intermant) Records of MI HATTE Reprod	USUAI TESIBENCE
(Address) Met Hope Med 16 Filed Die. 11, 1915 - Wy. G. Owen REGISTRAR	19 PLACE OF BURIAL OR BEMOVAL Philadelphia a Dev. 13, 191- 20 ONDERTAKER MOMENTO 188 MONTHS
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Honsekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the misease Servant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Tuanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septiehae ete., when a defiuite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeoudary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; The contributory "Old Age," "Shoek," "Uraemia," "Weakness," tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for



ATION IS RECORD PERMANENT proper supplied. UNFADING 0 back pinous instructions pial DEATH of 10 mportant. ш Every

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

Ilt death occurred in a hospital or Institution. give its NAME Instead of street and number.]

Ellew John PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED, ORDIVERCED (Write the word) Sung (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 18.49 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ___ mos. State yrs. _ Where was disease contracted. If not at place of death? 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritopitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Baltur S should s Registration Dist. No... Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number.] 2 FILLI NAME Minnerry Ce. Jonelin MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARRIED Smile 16 DATE OF DEATH 4 COLOR OR RAGE WIDOWED, (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1,50 a.m. t dayhrs. The CAUSE OF DEATH* was as follows: mos 2 2 ds OR mln. ? Lummerel Dephlhim OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) vrs. mos 3 ds. which employed (or employer) -----20 lusten BIRTHPLACE Contributory..... Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE ENT (State or country) *State the DISEASE CAUSING IMATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds Where was disease contracted, If not at place of death? ... a. Vomlin Former or Every item CAUSE OF Important. usual residence (Address) 23 Dires St. Shunders 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dec 19 th 16 16amoustone ADDRESS 1 elli y seile

If more blanks are needed, address State Registrar, 6 E. Frankira St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by earbolie acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acei-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. 3.3... If death occurred in a hospital or institution. give its NAME Instead of street and number.] EXACTL RECORD STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH COLOR OR RACE MARRIED. PERMANENT WIDOWED OR DIVORCED (Month) properly Write the word) certificate should pe (Ionth) 7 AGE 10 If LESS than may AGE 1 day, hrs. back The CAUSE OF DEATH * was as follows: mia.? 0 OCCUPATION supplied (a) Trade, profession, or OUS particular kind of work 20 (b) General nature of Industry w instructi business, or establishment in which emplayed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary Dala See 10 NAME OF 2 FATHER pino important. I BIRTHPLACE RENTS OF FATHER A *State the DISPASE CAUSING DRATH, or, in deaths from VIOLENT (State or country) CAURES, STRIC (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 0 mation 12 MAIDEN NAME LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 ы BIRTHPLACE At miace in the S OF MOTHER WRITE of deeth (State or country) should state CAI Where wee disease contracted. 14 THE ABOVE IS if not at place of death? Former ar usual reeldence DATE OF BURIAL 80 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING NEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic vulvulur heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need in t be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uras mia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichoemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

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ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracinia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

1 PLACE OF DEATH

County Ballimore	CERTIFICATE OF DEATH
Village or City Catonsill (No. ,)	Registration Dist. No. St.; Ward) St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 color or race 5 single, married widowed or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Coccupation (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	that I last saw he alive on Se 27, 191 mand that death occurred on the date stated above, at me The CAUSE OF DEATH ** was as follows:
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER HERMAN BURMAN 11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER OTHER	Contributory Secondary (Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE arah Bels 15 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mills Ulman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Address) Catonsville Ind 15 Filed Dec 29, 1915 Marshall B Wrst REGISTRAR	19 LACE OF BORIAL OBREMOVAL PREW Cathedral 20 UNDERTAKER CUSTON 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

21420

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

write Nonc. state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (o) Spinner, (b) Cotton mill; (a) Solcsman, (b) Groscry; (a) Foreman, (b) Automobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of tungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicute. head—homicide; Poisoned by carbolic acid—probably Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "Phendenal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report necre Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neophasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Atrophy," ("Con-



V. S. No.

N.B.

Every liter of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should beate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH Important. STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
County Ballingoro 21421 (03)	CERTIFICATE OF DEATH
County Sulling County	Registration Dist. No. 38
Village or City Rendered Park (No. 502 Me	randlaum Rund st.; Ward) [If death occurred in a hospital or institution,
FULL NAME James K. V.	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH A
Male word, (Writer the word)	(Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Mouth) (Day (Year)	that I last saw have alive on See 15th 1915.
7 AGE OF WIS 10 mos 25 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Left Cleuniti
(b) General nature of industry, business, or establishment in Mass. HB Jacobs which employed (or employer)	(Duration) yrs mos 4 de,
State or country)	Contributory Audden Symiope Secondary
10 NAME OF FATHER Tunes Wekens	(Signed) Recuy Charoles, M. O.
11 BIRTHPLAGE OF FATHER (State or country) Lucksworth 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, OF IT deaths from FIGHENT
of Mother Mary a. Kennedy	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or co)intry) Ballo	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Osleau J. Cekers	Former or usual desidence
(Address) 502 Moudlaun Road	SPLACE OF BURIAL OR REMOVAL PATE OF BURIAL
File Ne 16 1915 M. D. Porta	20 UNDERTAKER ADDRESS
REGISTRAR (All Mittely of Too May to the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberoulessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State eause for valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion,"



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	STATE OF MARYLAND
21422	CERTIFICATE OF DEATH
County 18allo	Registration Dist. No. 20
Village or City Juan land No.	St.; Ward) [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pasex 4 COLOR OR RACE MARRIED, Sungle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Die 976, 1865 (Month) (Day) (Year)	June 1 1915 70 Pre 1 2 1915 -
7 AGE If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a) Frade, profession, or Particular kind of work	Jalin Dinalin
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Affectalia fusionia (Secondary)
10 NAME OF FATHER. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed), M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place le the ot death yrs mos ds. State yrs mos ds.
(Intermant) Aug W. P. Mult	Where was disease contracted, It oot at place of death? Former or usual residence
Filed Day 14, 1915 Warshall Blerst REGISTRAR	Larrang Country 12-14-, 1915 20 UNDERTAKER 1. CBranning Sou Schroeder St
If more blanks are needed, address State Registrs	L. 6 E. Franklin St. Balto Passesting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not minc, etc. the nature of the business or industry; and therefore an Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Never report For vio-



item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

Gounty...

Village or City Caurisville

PERMANENT WITH UNFADING INK-THIS PLAINLY. WRITE CAUSE OF Important. S œ ż

PLACE OF DEATH	21423	
-	CAPEN	
Culinum		(10)
		(5)

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 30

St; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

	FULL NAME Mes	Paulin Wall	of street and number.
PERSONAL AND STATISTICAL PARTICULARS		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8		B SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Modell) (Lay) (Test)
6 D	ATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from Autor 1915 to 2 1915
	Dee 2) (Day) (Year)	that I last saw h alive on Que 2 1912
7 A	ge угs		and that death occurred on the date stated above, at
bus whi	General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE State or country) JONAME OF	<u>uy</u>	(Duration) / yrs. mos. ds. Gontributory elyverelies (Secondary) (Duration) yrs. mos. // ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	fordan	(Signed)
PARI	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	nuny	CAUSES, State (1) MEANS OF INJUSY; and (2) whether ACCIDENTAL, SUICIOAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place Greener James in the of death yrs. 4 mos. 2 ds. State yrs. mos. ds.
	Informant, Me L.J. Much	T OF MY KNOWLEDGE	Where was disease contracted, If not at ptace of death? Former or usual residence.
(Address) Mulbrungh apris 15 Filed Dec 2 1915 Marshall Bloost		shall Blorst	19 PLACE OF BURIAL OR REMOVAL Ball Heller St., 191 1

If more blanks are needed, address State Registrar, & E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers additional line is provided for the latter statement; who have no occupation whatever, write None. gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childleirth or miscarriage, as "Purrerral septicharcer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can-"Exhaustion," Never report



PLACE OF DEATH 21424	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No	Registration Dist. No. St.; Ward) Schoults is NAME Instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole White Single, Wilsowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	and that death occurred on the date Stated above, ate. 110
10 NAME OF FATHER REPURSEA 11 BIRTHPLACE OF FATHER (State of country) Russia 12 Maiden NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or country) Russia	(Signed) (Signed) (Signed) (State the Direase Causing Death, or, in deaths from Violent Causing Death, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (Bength of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place in the ef death yrs. mes. ds. Stale, yrs. mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	it not at place of death? Former or
(Address) 15 Filed 12 4 , 191 5 Mulan Back Registrar. If more blanks are needed, address State Registrar.	20 UNBERTAKER W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, mus," "Old Age," "Shock," "Uracmia," "Wcakness, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUENPERAL scplichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cause. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephralis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Orangeville 917. 2FULL NAME Frederick M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 43 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Macle White S SINGLE, MARRIED, WIDOWID, WIDOWID, WORDIVARCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allve on Dere 3/
7 AGE It LESS than	and that death occurred on the date stated above, at 3,13 Pm. The CAUSE OF DEATH* was as follows: Howards Fare fram
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) A atturce	(Duration) yrs. mos. /2 ds. Contributory Cocycles (Secondary)
10 NAME OF John P. Welshein	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Margaret Webshering (Address) 917 Eleventh of Filed Jan 1. 1916 Filed Registran	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER SURVEY ADDRESS / 38
If more blanks are needed, address State Regis trar, 6 i	B. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age mine, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage. as "Iuerperal scottchaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... "Contributory." "Collapse." "Coma," "Convulsions." "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

0

N.B.—Every item of information should be carefuily sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.

County Salto 21426	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. S. Each Aste, Ward) [If death occurred is a hospital or institution, giva its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frue ale White Single, Widower, Wilson Word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (N 0 2 3 / 1915 to 191
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs.	that I last saw h
(a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployer)	Still Berth 7 mo. aleo Gestation (Duration) yrs mas ds.
9 BIRTHPLACE (State or country) Balts md 10 NAME OF FATHER Olin Werner 11 BIRTHPLACE OF FATHER (State or country) Balts md 12 Malten NAME OF OF MOTHER OF MOTHER OF MOTHER	Contributory Pressuration (Busation) Tree Mos. Secondary (Signed) Tree Mos. M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Wille Could be a ser of My knowledge (Informant) John Meiner Of Mother Country) 14 The Above is true to the Best of My knowledge (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residenca
16 Les 31 10/19 All Janalen	19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL Oaks Sound See: 31, 191.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, ness of various pursuits ean be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and eonsequeuces (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopmeumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For VIO-



PLACE OF DEATH

PHYSICIANS should state of OCCDRATION IS very Registration Dist. No [It death occurred in St :----Ward) a hospital or institution. RECORD give Its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at pinous 1 day,....hrs. OR min. ? 8 OCCUPATION AGE (a) Frade, profession, pr (b) General nature of industry, supplied. pe business, or establishment in may which employed (or employer) Contributory certificate. ⁹ BIRTHPLACE (State or country) (Secondary) carefully that 10 NAME OF FATHER 9 of 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. uo 12 MAIDEN NAME DEATH in plain OF MOTHER Instructions Information BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OF MOTHER At place In the of death _____ yrs. mos. (State or country State yrs. Where was disease contracted. See It not at place of death?. jo CAUSE OF Important. S usual residence. DATE OF BURIA 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, material Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puzzezzac septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chrowid Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds., State cause for Never report



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1	PLACE	OF	DEATH
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Baltimore



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

If death occurred la St.:---Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED, 191 WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at_____ 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----BIRTHPLACE Contributory. Secondary (State or couptry) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 13 BIRTHPLACE

OR RECENT RESIDENCE	FOR H	OSPITALS,	INATITUTIO	NE, TRANS	ENT
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of death vrsmos.	de	State	vre	200.0	- 4

Where was disease contracted, If not at place of death?

Former or usual residence

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14 THE ABOVE IS TRUE TO THE

OF MOTHER (State or country)

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If more blanks are needed, address State Registrar 6 E. Franklin St., Balty, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The question (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childblrth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmla" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing "Senile," etc,), (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds.; State cause for For vio-



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	0	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
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	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS		
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	e of DEATH		6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 41	
	/		······································	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]	
PERS	ONAL AND STATIS	TICAL PARTICUI	LARS	MEDICAL CERTIFICATE OF DEATH	
Female Black Single, Married, Widowed or of or of the word)		ldowed	December 9th , 191 (Month) (Day) (Year		
6 DATE OF BI	RTH		, 1835	July 1st, 191 5, to December 9th 191 5 that I last saw h er alive on December 9th 191 5	
7 AGE	80yrs		If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, al. a. 35R The CAUSE OF DEATH * was as follows:	
(b) Coneral na business, er e	fession, er of work			Contributory Secondary (Buration) (Buration) (Buration)	
10 NAME OF FATHER UNKNOWN 11 BIRTHPLACE OF FATHER ((State or country)) 12 MAIDEN NAME OF MOTHER N 13 BIRTHPLACE OF MOTHER ((State or country)) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)		(Signed) State the Disease Causino Drath, or, in deaths from Violent Causins, state (1) Means of Injurt; and (2) whether Accidental, Suicidal or Homicidal. Suicidal or Homicidal. Suicidal or Homicidal. Suicidal or Homicidal. Is length of residence (for Hospitals, Institutions, Translet or Recent Residents) At place of death 7. Where was disease scattracted, If not at place of death? Former or usual residence 1052 Argule Argule			
				(Addre	0 191 5 M

If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, But in many cases, If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, meninfever (the only definite synonym is term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia Examples: "Epidemic cerebro-("Pncumonia, Cerebrospinal

> on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably "Anaemia" (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, oma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercur-"Puerperal septichaemia," State cause for which Never report mere "Atrophy," "Colimportant.

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

DFC1 11915

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospitat or institution, give its NAME instead of street and number. RECORD EXACT PARTICULARS MEDICAL CERTIFICATE OF DEATH STATISTICAL PERSONAL AND SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE olass MARRIEO. 1915 PERMANENT WIDOWEO (Month) (Day) (Year) OR DIVORCED certificate I HEREBY CERTIFY. That I attended deceased from 17 proper 99 6 DATE OF BIRTH pino (Year) (Month) (Day) 9 if LESS than TAGE of 1 day, hrs. back O mia. ? OR 4 Ca) Trade, profession, er 6 tha supplied particular kind of work instructions O (b) General nature of ledustry terms, business, or establishment in Burallon) which employed (er employer) Contributor 9 BIRTHPLACE Secondary See in (State or country) 10 NAME OF pe FATHER (Signed C pino Important I (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT d CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 10 SUICIDAL OF HOMICIDAL 0 œ 12 MAIOEN NAME 0 PA OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS of informati Yery OR RECENT RESIDENTS 13 BIRTHPLACE In the At place OF MOTHER State. WRITE 100 of dooth yrs. mes. (State or country) Every item of in should state CAL OCCUPATION I Where was discoss contracted, If not at place of death?. Former or usual residence DATE OF BURIAL (Address) 16 AODRESS m 5 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state oeeupation at beginning of illness. employed, as At school or At home. Care should be —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonscquences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCINENTAL, "PUERPERAL peritonitis," etc. State eause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puerperal septichaemia," The contributory (secondary or intercur-"Atrophy," "Colacid-probably ("Con-



	1 PLACE O	F DEATH	4	1431		/ OL
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Viita	ge or City	Bay View As	ylum.	(N	0	CITY
	² FULI	L NAME	L	oses	Woo	lford
	PERSON	AL AND ST	ATISTIC	AL PART	ICUL	ARS
3 SE	x Male	4 color or R Blac		SINGLE, MARRIED, WIDOWED		larried
				OR DIVORO	ord)	
6 DA	TE OF BIRTH					
		***************************************	(Month)	(ï	Day)	, 7859
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15 FR	17/9	1	m	rian	./	B
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1 PLACE OF DEATH

21431

If LESS than 1 day, hrs. OR min.?

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Burto., Requesting V. S. No. 1.

	STATE OF N	MARY	LAND
	CERTIFICATE	OF	DEATH
10-			

Registration	Dist.	No.	47

St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

•••	of street and number.
	MEDICAL CERTIFICATE OF DEATH
	December 21st, 1915 (Month) (Day) (Year)
1	17 I HEREBY CERTIFY, That I attended deceased from December 20th 5, to December 21 5 to 5
	that I last saw him alive on December 21 , 1915,
	and that death occurred on the date stated above, at 5. 1. The CAUSE OF DEATH * was as follows:
-	Pulumay tubereulos.
	Contributory Myocard: al withis
-	(Signed) J.P. Sprint. M. 0
-	Dec. 20 th 191 5 (Address) HUSPITAL.
-	*State the Disease Causing Dwath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At Blace in the
	of death yrs. mea. 1 ds. State, yrs. mes. da Where was disease contracted, If not at place of death?
	Former or usual residence 318 N. Ann St.
	19 PLACE OF BURIAL OF REMOVAL) DATE OF BURIAL
-	Laurel bem 1223, 101.5
	20 UNDERTAKER ADDRESS
_	mas o mes 1118 yourson

CITIE X

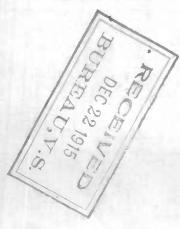
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile' factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g. Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that, the relative healthfulwrite None. Statement of Occupation-Precise statement of occupathe second statement. , Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer, Locomotive engineer, But in many cases, If retired from without more (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) and consequences (e. suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping head-homicide; "Anacmia" (merely symptomatic), (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," "Coma," The contributory (secondary or intereur-Poisoned "Convulsions," "Debility" g., sepsis, tetanus) may be stated not be stated unless important. by carbolic "Dropsy," Never report mere "Atrophy," "Col-"Exhaustion," acid-probably



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

County Dealinselle (No. 2007)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred in
2 FULL NAME allen 3 9	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Musle 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 O 1 HEREBY CERTIFY, That Lattended deceased from
7 AGE	that I last saw h alive on led 2 , 1915, and that death occurred on the date stated above, at 8 cm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Many Canal	Contributory Philippin Mrs. mos. 2 Cys. Secondary (Defration) 2 rs. mos. ds.
11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Manyland 13 BIRTHPLACE OF MOTHER (State or country) Manyland 14 Maryland 15 BIRTHPLACE OF MOTHER (State or country) Manyland 16 Maryland 17 Maryland 18 BIRTHPLACE OF MOTHER (State or country) Manyland 19 Maryland 10 Maryland 11 BIRTHPLACE OF MOTHER (State or country) Manyland 11 BIRTHPLACE OF MOTHER (State or country)	(Signed) , M. 0. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. TO LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. o. mos. ds. Siale, yrs. mos. da. Where was disease contracted,
(Informant) Mice Assiliant (Address) Belsevele History (Address) 15 Filed Ole 13, 1915 Marshall B Wish REGISTRAR	if not at place of death? Former or usual rasidence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER LOUK ADDRESS 307-6- WORTH
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. employed, as At school or write None. business, that fact may be indicated thus: Former (retired Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Forenian," "Manager," "Dealer," etc., without more mobile foctory. mill; (a) Salesman, (b) Grosery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc.. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated heod-homicide; Poisoned by corbolic acid-probably Struck by railwoy train-accident, Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," birth or misearriage as "Publichar mia," cause. etc., when a definite disease can be ascertained as the "Anaemia" chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," etc.), "Dropsy," "Debility" "Atrophy," "Col-"Exhaustion," ACCIDENTAL, ("Con-

If the entirester is taked over thoroughly and all questions inswered in detail it will prevent further correspondence. Allerne data is essential and must be obtained before the condition is permaneutly filed.

DECISIONS DECISIONS DECISIONS MARGIN RESERVED FOR BINDING

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is rery important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

PLACE OF DEATH	STATE OF MARYLAND
21433	CERTIFICATE OF DEATH
County /3allo.	
	Registration Dist. No. 44
Village or City LOSSVILLE (No	St.; Ward) [If death occurred in a hospital or Institution give its NAME instead et street and number.]
FULL NAME Mary EL.	Cortman
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, THE ADDRESS OF DIVERSE OF DIVER	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Sept 3" 1850	1000 1 191 1, to 100 1, 1911).
(Month) (Day) (Year)	that I last saw h
7 AGE 1 LESS than 1 day,hrs. ORmin,?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
6 OCCUPATION	2 1 M
(a) Trade, profession, or	Cerchal Helloway
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory(Secondary)
10 NAME OF FATHER	(Signed) (Deration) yrs mos. ds.
100- Kane	Leo 2191 (Address) Posswelle
11 BIRTHPLACE OFFATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Mary ann	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) George 17. Woodman	Former or usual residence
(Address) 1434 Heirford are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dre 2 191 5 Jet Harris da 8	20 UNDERTAKER ADDRESS
REGISTRAR	Work Backer C.D.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthful who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionacum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral septichacgenital," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (name origin; "Can Never report Examples: cause for d8.:



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF Important, S PLACE OF DEATH & 21434



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No.
Vil	lage or City Jouson, (No,	St.; Ward) [It death occurred to a hospital or institution, give its NAME instead
	FULL NAME alice Ledley	Wright of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 color or race 5 single, married, whowen, or opposer (Write the word)	(Month) (Day (Year)
6 D	May 6 1 (Month) (Day (Year)	that I last saw h 12 allve on & Ce 2 5 7 , 1916
TA	GE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at to an important many many many many many many many many
(a) pa	OCCUPATION) Trade, protession, or triticular kind of work.) Beneral nature of industry, siness, or establishment in the moloyed (or employer)	acute Delatation of the content of t
	IRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	Gontributory Valvuly Myrel & Bortie, Secondary (Buration) W yrs mos ds (Signed) Danuel Jel Jus, January
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Manyland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the ot death
14	(intermant) Seo. E. Wright	If not at place of death? Former or usual residence.
16 Fl	(Address) Souson, md.	19 PLAGE OF BURIAL OR REMOVAL LOUPLE DATE OF BURIAL LOUPLE DATE OF BURIAL LOUPLE DATE OF BURIAL ADDRESS LOUPLE DATE OF BURIAL ADDRESS LOUPLE BURIAL ADDRESS
	If more blanks are needed, address State Regist	tror, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the cated thus: been changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Collapse," "Coma," "Convalsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstiou," "PUERPEBAL septichac Never report Ex-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3506 a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h & \ alive on Dec (Month) If LESS than 7 AGE and that death occurred on the date stated above, at /.....m. 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? (a) Trade, profession, or particular kind of work... (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER RENTS BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the Al place OF MOTHER (State or country) of deathyrs.mos.ds. State, yrs. mos. ds. Whare was disaase contractad, 14 THE ABOVE IS tf not at place of death?.... usual rasidence 19 PLACE OF BURIAL OR REM 15 AODRESS 403 p. W If more blanks are needed, address State Registrar, 16-W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, precise specification as Day laborer, Farm luborer, Laborer Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager." "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill: (a) Salesman, (b) Grocery: (a) Foreman, only, when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaof various Compositor, Architect, For persons who have no occupation whatever pursuits can be known. The question If the occupation has been changed Never return "Laborer, Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing define the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as, the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conua," "Convulsions," "Debility" ("Concause. symptoms or terninal conditions, such as "Asthenia," chopneumonia cough; Chronic valendar heart disease; Chronic interstitial Example: Measles (discase eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscorrage "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from childfor malignant neoplasms); Measles; Whooping (secondary), 10 ds. The contributory (secondary or intercuretc.), Sign "Puenperal septicharmia, "Dropsy," Never report mere orid-probably "Exhaustion,"



V. S. No. 1.

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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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T AC	Month (Day (Year)	that I last saw h alive on the date stated above, at M. The CAUSE OF DEATH * was as follows:
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RENTS	10 NAME OF Those M. Fright 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre
<	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place in the of death yrs. / ds. State, yrs. mos. / Where was disease contracted, if not at place of death?
14 T	(Informant) has M. Maglet	Former er usuai residence Salts. Ind



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on aecount of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Growery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. The material worked on may form part is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, various pursuits can be known. The question For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," If retired from

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mus," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perdonilis," etc. State cause for which "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion," ACCIDENTAL, " "Maras-



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

IFICATE	OF	DEATH
Registration	Dist.	No.41

e hospital or institution, give its NAME instead of street and number.]

MEDICA	AL CERTIFICATE OF	DEATH
16 DATE OF DEATH	December (Month)	21st, 191 5 (Day) (Year)
17 I HEREBY C	ERTIFY, That I atte	nded deceased from
October 27th	1., 191, to Decen	ber 21 s.595
that I last saw h	allve on Decen	ber 21 , 191 5
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V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, Women at home, who are engaged in If retired from

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SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, irth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic surgical operation was undertaken. For VIOLENT DEATHS ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Mcasles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-Never report mere "Atrophy," "Colacid—probably ("Con-

